

SHARING CARE OF YOUNG CHILDREN

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Chapter Ten

THE INFLUENCE OF PARENTS' PERCEPTIONS OF CHILDREN AND OF CHILDREN'S CHARACTERISTICS

The nature of individual children affects care patterns and processes largely according to the way others perceive and react towards a child. We shall consider first the main kinds of ideas used by parents to organise their thinking about children in relation to shared care. Then, we shall discuss some more specific attributes of individual children. The child's sex and birth order provide a natural bridge between these two types of information, for they constitute objective "facts" about the child but were also a major element in parents' interpretations of children. In this study it was only possible to take into account a small number of attributes which might be relevant to shared care. The style and length of the interviews precluded obtaining a detailed developmental history or administering tests. However, parents were asked about a number of significant aspects of the child's personality, development and life events. For specific children each of these could be important for shared care, but most variations were not common enough or influential enough to produce statistical associations for the whole sample. The main exception was the children's degree of social confidence with other adults and with other children. In particular, children who appeared to be socially confident had generally experienced frequent shared care, whereas most shy children had been looked after by people other than parents only occasionally. It will be seen in later chapters that this association was to some extent independent of the child's general level of social



contacts and of parents' anxiety.

Images of Children

Bringing up children in general and sharing care in particular depend on judgements which parents make about what their children are thinking or feeling in a given situation, or about how they might react to a possible situation. Many parents bring to parenthood or acquire through parenthood a range of confident explanations or less certain guesses about what their child's behaviour means. Nevertheless, a common view was that children's internal processes are difficult to discern. Typical comments were "I don't know how kids of that age perceive"; "you never know with a 14-month old - they can't tell you"; and "it's difficult to know how aware he was". As a result, it may be hard to choose between several competing explanations of children's nature or behaviour. Mrs. Buchan said of Eleanor's crying when her mother left her to go shopping -

"It's quite difficult to know whether it was just a way of getting attention or whether she was feeling a genuine sense of loss, or whether it's a moment of boredom."

The opacity of children's minds could also cause failures to predict accurately how they would respond to separations from their parents. Referring to two periods when his wife was in hospital, Mr. Balfour said "On neither occasion was he as bothered about it as we thought he might have been". There may also be a temptation to project one's own feelings. Elizabeth Johnstone had spent two days with an aunt she hardly knew when she was about 15 months. Her mother said

of their reunion - "To me she was happy to see us, but whether it was just my imagination or me wanting her to feel that way?". Parents may go a step further and substitute their own interpretation for the child's. For instance, Mrs. Buchan described Eleanor's separation crying as "quite an act on her part".

Backett (1982) illustrated how the very difficulty of interpreting children can give scope for ascribing common-sense explanations which can help reduce uncertainty about what is the best way to deal with a child. In this sample it seemed that parents usually derived such explanatory beliefs from reflection about an individual child's actions over time or comparisons between different children - in other words the kinds of ways in which psychologists might also develop hypotheses about children's behaviour. Parents were aware that their children can be very different according to the context. Many "protective" parents commented that their child was reserved with other people, but talkative or boisterous at home - "Jeckyll and Hyde" as Mr. Sadler* depicted his daughter. When Pauline Purdie* proved to be very withdrawn at nursery school, her parents revised their image of her as gregarious, which had been based on her previous engaging manner with relatives and close friends. Likewise, parents were not oblivious to the many differences between children. Nevertheless, many parents did use comparative or generalised beliefs about children or child development. The main ones relevant to shared care involved children's degree of rewardingness to the parent(s); perceptions of children's emotional make-up; and beliefs about children's cognitive and social qualities.

Some parents expressed the view that children were so valuable or rewarding that the need to share care should hardly ever arise. Mrs. Davies described children as a "precious gift" to parents, whose care was therefore not to be lightly transferred to anyone else. Mr. and Mrs. Munro* had their only child unexpectedly late in life and felt she was so special to them that they would not consider letting her stay with neighbours who had shown interest in babysitting for them. Children sometimes became the main sources of companionship for mothers and this could be associated with a perception of the child as almost inseparable from oneself. Mrs. Laurie described how "I feel so lost when I'm on my own, I feel as if I should be looking round for my wee one". Several mothers described how bereft they felt when away from the child (e.g. for group care or an overnight stay) even when they knew the child had settled happily.

Parents had very different perceptions of children's emotional resilience. Some parents emphasised young children's immaturity and dependence, whereas others gave greater acknowledgement to their capacities and potential (cf. Stolz, 1967). Images of children as adaptable or vulnerable tended to be associated with greater emphasis on independence and security values respectively. To some a 3 year old was "just a wee baby" (Mrs. Robertson*). Mrs. Traynor* said "I don't think they are ready for nursery before they are 3, because let's face it they are still babies even at 3". However, several parents thought that children were fairly unconcerned by changes in carers and environment or even that they positively enjoyed them. Quite often a generalised image based on one child was rendered comparative, when a second child proved to be

apparently much more or much less adaptable. Normally, an image of the child as resilient was associated with frequent sharing and a larger carer set. On the other hand a perception of the child as adaptable could have the opposite effect of reducing the need or desire to share care. The child was seen as easy to take along to places like the dentist's or busy shops, whereas parents with a view of the child as more delicate might prefer to share care so as not to expose the child to such places. The degree of fit between parents' expectations and the nature of the child can be crucial (Thomas and Chess 1977). Those children who adapted contentedly to their care sequence naturally seemed unproblematic. Difficulties arose chiefly when children resisted early attempts to share care or when babies with a low sharing sequence became unacceptably clinging later.

Care patterns and processes were affected not only by general notions of children's adaptability, but also by the manner in which parents interpreted and dealt with separation reactions. This was especially important in the light of the widespread value that children should not suffer. Nearly all the parents showed great sensitivity to possible ill-effects of shared care on their children. Arrangements were often prepared for well in advance and adjusted subsequently in order to minimise the chance that the children would be upset.

Of course, children were frequently happy or enthusiastic to stay with a familiar carer. Even when the carer was less well known, some parents perceived their children as having a strong curiosity and attraction to novelty. Even so most children had at

some time cried or been otherwise upset at the prospect or actuality of parental separation. For a minority of children this was a normal reaction. Psychologists have observed that individual children possess contrasting propensities to cry from an early age (Dunn, 1977; Korner, 1974). This was evident to parents, too. Mrs. Henderson had looked after babies "who didn't know me, and they didn't mind in the least". Yet when she left her own son for brief periods to study at the library "he would literally scream all the time".

It has also been demonstrated that protest crying at the short-term departure of familiar adults is different from and largely unrelated to the less consolable distress which follows prolonged separation (Weinraub & Lewis, 1977). Whether crying expresses a transient protest or more prolonged unhappiness may vary according to the child and the circumstances, but it also seemed to be the case that some parents were predisposed to define a child's negative separation response mainly in one way or the other. High sharers were inclined to see it as ephemeral, whereas low sharing parents tended to define any negativity in the child about sharing care as severe. Similarly Hock (1978) concluded that full-time working mothers perceived less separation distress and were less anxious about it than non-working mothers. For instance, Mrs. Green said that Alison:-

"used to cry when I went out (to work) in the morning, from about 1 to 2 (years). But I think that is the sort of howls for a few minutes that are forgotten very quickly. (Now) she just waves good-bye."

Mr. Miller described how his son "had the usual 2 minutes after we left, because he didn't want us to go,

but after that he had forgotten". Such protests could be ignored, because they did not represent true unhappiness but would soon subside. Some parents admitted to guilt in relation to such ideas, but sometimes this had been neutralised when phone calls or later reports showed that the child played happily shortly after being left. When Mrs. Villiers* left Simon at nursery, she thought - "Oh what a terrible mother going and leaving him crying! - but he was soon all right".

Several parents expressed a predictive belief that separation distress could lead to long term damage, especially if it was repeated. This merged with a value that it was incumbent on parents not to leave a crying child. Mrs. Clark stopped leaving Alexander with grandparents for some time, as she believed that his crying at separation would do him permanent harm. Parents might also be worried about a carer's willingness to manage a child who was difficult to leave. Mrs. Buchan and Mrs. Christie had restricted care for a while to MM and FM respectively when the children were especially loathe to be left, because these were particularly tolerant and sensitive carers.

The two differing perceptions of distress were associated not only with differing value emphases (security or independence) but also dissimilar instrumental beliefs. Thus, crying perceived as suffering was best overcome by avoiding shared care or by staying with the child as long as possible until the child accepted the situation (hopefully). Parents with this viewpoint would withdraw the child from the care situation or not repeat it if the crying or clinging persisted. The course of action taken might depend on

the importance of the care situation. Far more mothers had withdrawn their children from miscellaneous groups than from nursery school or playgroup, because the former were seen as more marginal to both parents and child. By contrast, crying defined as protest was usually seen as best dealt with by unambiguous preparation and firm departure. The child's uncertainty was seen to be reduced by the clear communication and expectations. Some emotional reassurance might be given initially as well.

There were also associated values about who should determine the outcome of separations - the parents or the child. This was a matter of degree, but parents who shared care less would normally stress that the child's expressed wishes should be paramount, so that it would be wrong to leave an upset child. Several parents felt it was up to the child whether to stay at group care or not. With regard to his son going to nursery school, Mr. Tulloch* averred "if he didna want to go, he wouldna be there". Mrs. Jamieson* had taken her daughter out of playgroup, because she was unhappy. Conversely some respondents thought that it was a parent's responsibility to make a decision about what was right and then adhere to it, because children should and generally would accept this and get over temporary difficulties. Mrs. Buchan considered it wrong to withdraw an upset child from group care, as that would only reinforce the child's fear that he or she could not cope. This illustrates a common belief that parental anxiety or confidence communicated itself to the child. Mrs. Balfour said she would like her son to be less dependent, but felt that she had transmitted to him non-verbally her own anxiety about separation. In a more general way, some parents thought that their

expectations and preparations could shape how and when a child was ready for group care. Mrs. Davies opined that "there is a particular time they take them in, so you get them ready for that, don't you? I mean Donald was just 3 when he went and he was ready because he had to be".

Parents were almost evenly divided between two opposing viewpoints about the best way to help children settle at group care. The first view was based on the belief that the child's crying was a sign of acute distress, which should be avoided. The continuing presence of the mother was seen as necessary to help the child become familiar with the group and gain in security. The second view corresponded with the perception of a child's crying (if it occurred at all) as a short-lived protest. Only a comparatively brief period of the parent staying was right in order to encourage the child to get used to departure and to mix with the other children. Quick departure was seen to convey a clear understanding that the child was going to be left and so help the child accept the situation. It was clear that group carers also had opinions about the best way to help children settle. These were not uniform and there was a similar range of views to that of parents, although in individual cases the two did not always coincide. Such ideas had either been stated directly to parents or could be inferred from the recommended introductory procedures or routines. Sometimes there was a fixed gradual build up of the time spent there by the child, first with the parent, and then alone. Other groups had a more individualised approach in which the teacher or supervisor judged when the time for departure of mother was ripe. Sometimes parents' own ideas about

the appropriate procedure were taken into account, but some groups appeared to be more inflexible. Some parents welcomed or simply adhered to the group carers' advice. In a few instances, group care staff had intervened to persuade a mother to leave her child and weather the outburst. A few mothers had found relief in such assistance to break an impasse with a child, who afterwards settled happily. A handful of parents disagreed with their group's particular policy about settling, although from opposite angles. Mrs. Tervit* insisted on staying with Yvonne at nursery school until she was happy to be left, whereas the staff had urged a swifter departure. In contrast, the staff policy at the nursery schools used by Mrs. Reynolds* and Mrs. Purdie* was to encourage the mothers to stay a long time, which they both thought only prolonged the agony of separation for their children.

In a number of families, ideas about separation had been affected by certain "crucial incidents". Several cited an episode when the child had been unexpectedly and acutely upset, so that they became much more circumspect subsequently either about the specific care arrangement or about sharing care more generally. Mr. and Mrs. Forbes exemplified the first type of reaction to a crucial incident. Dorothy had disliked intensely going to a church creche, so they simply stopped taking her, but carried on with other sharing arrangements unaffected. Other parents generalised their response. After Ross Whigham* cried continuously in a holiday camp nursery, his mother and father had been reluctant to leave him with anybody. Likewise, Mr. and Mrs. Booth had hardly shared care at all after Fraser had shown great distress at a church creche. Crucial incidents were most noticeable when they produced

negative reactions from the child, but the opposite could occur. Once she discovered that Dorothy was happy to stay with street friends while she was in hospital, Mrs. Forbes began swap sharing with the same friends. The **absence** of crucial incidents might also reinforce beliefs, as when working mothers found their children were happy with carers. "Protective" parents would be confirmed in their view that shared care was upsetting, because they did not risk situations when the contrary might prove to be the case.

Parents' accounts of sharing care also revealed implicit or explicit beliefs about the cognitive abilities of children. Young children's conceptions of object permanence and sense of time were common in parents' explanations of children. It was often stated that a child would be upset by shared care if he or she could not understand that the parents would return. Mrs. Reid said that until Theresa was about 2, they used to slip out unnoticed when leaving her with relatives, as otherwise she would have screamed. "I think that at that stage, when they see you going out, they think that is it". However, ideas about what children knew or could learn were highly variable. Mr. Whigham* had thought that Ross would soon realise that his parents came back each time he was left in the holiday camp nursery at 7 months, but his wife commented that the baby had been very alarmed, because he conceived their departure as permanent. Most parents were of the view that a child's increased understanding between 2 and 4 made sharing care easier for them to comprehend and accept. Both Mrs. Henderson and Mrs. Booth attributed their sons' clinging behaviour partly to the slow development of their verbal abilities. A few parents thought an older children would be less willing

to be left, because they were more aware of the implications of what was happening. Children's short attention and memory spans were seen by some as reasons against a long stay at group care or at least as necessitating plenty of time for the child to become accustomed to the routine. An alternative view was that young children "don't have any conception of time" (Mrs. Ormiston*) so that they were not bothered by a long stay in nursery school because they were absorbed in the here and now.

Parents had different methods of preparing for care according to their beliefs about what effects factual knowledge of the arrangements would have on the child's reactions to care. Some considered that knowledge dispelled uncertainty, so they believed in telling the child details of where they were going, when they would return or who an evening carer would be (if the babysitter was going to arrive after the child was asleep). This could form part of a long term strategy. It was realised that the child might be upset at first, but honesty would contribute to growing trust. Mrs. Powell said "I never tried to sneak out. I always told him I was leaving, even if he cried". This contains an implicit criticism of the contrary viewpoint, embodied in "sneaking out", that the child would be less alarmed if he or she did not have to anticipate all the implications of the care arrangement. Slipping out of group care or a carer's home unnoticed while the child was absorbed in an activity could be seen as making the parting process less prominent and so more acceptable to the child. Sometimes experience had tutored this approach. Mr. Crawford recalled that "if we just said good-bye to him he'd be very upset, so what we had to do was sneak out without him

knowing".

Parental behaviour was much affected by merged ideas about the nature of "children's needs". Beliefs about what children need (be it learning, constant mother care, independence, etc.) were often a means of expressing values about parenthood or sharing care. Nearly all would agree that children need stable care arrangements, but for "protective" or even some medium sharing parents, children were seen to need constant or near constant care by their mothers. Mothers who worked in the daytime did not reject the idea that children need a close bond with one or both parents, but this was accompanied by an image of children as also needing variety, independence and/or stimulation. Many parents thought that, especially after the age of two, children's needs expanded to include wider play experience and contacts with peers-

Mrs. Sadler* (explaining why Nicola liked nursery school) "She needed something, she needed other children."

Mrs. Brown* "I don't know if it is too young to be at nursery, but he desperately needs company, desperately needs his own peer group."

This view of children at this age as intensely social in their interest is at odds with some of the expert opinion we examined earlier. It was often based on direct observations that their child(ren) had strong urges to engage with other children. That was seen to be essentially different from adult-child interaction, so that the child needed something additional to what home life could provide:-

Mrs. Traynor* "She was fed up with just me for company in the house. () She needed other children's company - more

than I could provide for her in the home."

Mrs. Crawford "He does demand a lot of attention, which I do give him, but I also think he needs something else."

Mr. Nichols* "She needed it (i.e. nursery school). We couldn't keep up with her, like."

Such observations generally led middle class mothers to arrange reciprocal care, mini-groups or perhaps simply play opportunities with other children. Most working class parents did not perceive a means of supplying such interaction through their networks, so looked to group care to provide it.

An opposite view expressed by quite a few parents was that 3 year olds lack social interest. Mrs. Cairns remarked "Andrew does not associate with other children, only with adults. I think this is true of a three-year old. They are all like that". Several mothers who had been trained as nurses or pre-school and infant teachers referred to solitary or parallel play as normal for 3 year olds. This suggests the influence of received ideas from Piaget and Parten in their training.

Explanatory beliefs about children

Besides descriptive images of children, parents also had explanatory beliefs about what affected children's general nature or specific behaviours. The most important of these were environment/heredity, and the child's age, sex and birth order. Parents were asked directly what they thought to be the main influences on a child's personality and what age (if any) is most crucial for a child's personality. There was a

predominance of environmentalist beliefs, which stressed the importance of parents' behaviour and the general home or family setting. Just under a quarter of the parents (mostly middle class) stated that heredity was important. Striking dissimilarities between siblings at an early age were usually explained by heredity.

Parents also took into account the importance of maturation, for their actions and explications in relation to sharing care were much influenced by the age of the child. It was most common to believe that the impact of the environment was critical from birth onwards, but some working class parents asserted that this only applied at a later age once the child had become more obviously aware of the surroundings. The class difference in the proportion of parents who believed in delayed environmental influences was most pronounced for fathers ($p < 0.01$). A characteristic contention was that of Mrs. Nichols* that the basis of personality was laid when children began to watch and imitate others at the "impressionable age" of 3. Mrs. Reynolds* said:-

"It's nearly two before they understand anything. Something drastic would probably affect them younger, but just everyday life -they don't seem to pay much attention to that."

Such perceptions may help explain why some working class parents contemplated overnight care with unusual equanimity before their children were aged two.

Thresholds, phases and stages

This study confirmed Backett's findings (1982) of the centrality to many parents of their ideas about stages or phases in childhood. There seemed to be two aspects to this. Firstly, there were "thresholds", before which children were seen as too young to handle certain situations like an overnight stay or starting group care. Secondly, there was a common perception (shared with nearly all psychologists) that children pass through "phases", that is periods with lower and upper limits in which particular behaviours or capacities stand out. A phase might be fairly brief or independent of the child's age, but when it was linked to specific chronology it may be referred to as a "stage".

Parents' views that children crossed thresholds after which certain kinds of care became emotionally or cognitively acceptable is illustrated by Mrs. Christie's opinion that:-

"Diana would have been too young to leave earlier than that. I think she had to be of an age that she recognised them" (i.e. MM and FMZ as carers).

Several middle class parents explained their unwillingness to consider overnight care in terms of the child being too young to understand why he was away from home or whether he would return home. Threshold beliefs were most evident in relation to group care, however. Some parents held to a firm generalised belief that children were too young for group care before a certain age - usually 3. Others held more individualised beliefs that their own child would (or would not) have benefitted from earlier group care, although others might be different. Threshold

concepts could be useful in providing temporal separation of opposing values which might be difficult to reconcile or balance. Many families concentrated on fulfilling desired security for the child before 3 (or 5) and regarded independence as something to be tackled later.

A recurring motif in discussions was that children became "ready" for more activities and interaction outside the home at a particular time, normally between 2 and 3 years. This represented a threshold view of children's needs. Signs of "readiness" (for group care) took several forms. The child might be a handful for the mother, be bored with activities at home, show interest in other children or seem receptive to different company and activities. Many parents recognised not just a new capacity to manage prolonged separation, but also an impulse towards it. Here are some examples:-

Mrs. Forbes (talking about Dorothy at playgroup) "She was ready to go. She was a very sociable child and enjoyed going out to play."

Mrs. Finlayson "By the time he got to 2 1/2, he was ready for playgroup, he was ready for something. He was bored round the house and was asking to do things outwith the house."

Mr. Raeburn "They need a wider scope and you can sense this restlessness at just about this age."

Several parents considered that children's "readiness" develops earlier now than it used to. As Mrs. Spence* put it - "Kids are getting older younger, nowadays". Mr. Allan said "Children are developing at a faster rate now, so I think it's a good thing for children to get stimulus for learning sooner than schools provide".

Children's behaviour could also be seen to pass a point where it became acceptable to others for the first time. This was the case with both sets of twins in the sample. Children were also seen to become less of an imposition to non-group carers once they needed less help with physical tasks, notably toileting. By the age of 2-3 it was also thought that children were easier to keep amused. A few parents misjudged their children's "readiness", either by finding that there was unexpected resistance to being left or that feared difficulties did not transpire.

All parents notice that their children's capacities and behaviour change as they grow older, but it seemed that the use of the concept of a progression of **discrete** phases and the possibility of regression to an earlier phase were more developed in middle class families. Typifications, such as the "terrible twos" mentioned by several Milburn mothers, helped explain (away) behaviour as simply a characteristic of that age which was true of many other children. Then parents might be excused blame for a child's difficult behaviour or exempted from the need to take action. Mrs. Baxter* thought that nothing could help with the daily strains of child care "it's just that they are at a difficult age - there's nothing that you can do. You've just got to go through it". This helps resolve the dilemma that parents (especially mothers) are held responsible for their children's actions (Kellerman & Katz, 1978), yet may find adequate causal and instrumental beliefs hard to come by. Moreover, anxiety might be attenuated by the knowledge that something worrying about the child would not last. Ben Kerr's aggression was unacceptable to one carer, but to his mother it was simply a phase he would soon grow out

of.

Parents varied considerably in their beliefs and values associated with particular ages. In addition, different values (e.g. imposing, security, independence, child primacy) might have different weighting at different stages. In general parents ideas showed, as did care sequences, that children were seen to be progressively easier to leave as they grew older. Some parents did think that young babies were little affected by separation as the literature suggests (Gudat & Permien, 1980; Schaffer, 1971b), but the age at which children were first seen as vulnerable to distress varied considerably. Mrs. Balfour, who was normally opposed to overnight care of young children, said that she had been happy to leave her son overnight at 6 months, as "he didn't show signs at that age of being upset when he wasn't with me". Mrs. Morrison thought her daughter was "too young to notice" a two week absence by her parents on a holiday when she was 8 months. Mrs. Edwards felt her daughter was too young at 12 months to be aware that her mother was in hospital and an unfamiliar childcarer was looking after her. On the other hand, some saw babies as very sensitive to sharing care. Mrs. Christie averred that "babies can be very upset and uptight leaving them with people they don't know and I really don't approve of it". Mr. and Mrs. Clark cited a crucial incident when Alexander had cried constantly in response to separation at 2 months.

The reluctance to share care of babies was not simply determined by attitudes to separation. Other factors included general worries about trusting an apparently vulnerable infant to the care of others,

concern about imposing on others the nappy changing and feeding, and a desire not to disrupt breastfeeding or other feeding routines. Babies could be described almost as an extension or possession of the mother. The first time someone else looked after the baby was sometimes recalled as an occasion of much anxiety and doubt about whether it was really possible for another person to look after the child properly. Evening care might be more risky in the first year because the child's sleep pattern was less well established. All these factors help explain why mothers' mothers were especially important as carers in the first year, when a high degree of trust was usually necessary to overcome worries about sharing care. There were also references to carers who were said to feel less at ease handling a baby. Furthermore, it could be easier to take along a sleeping baby to some places or activities than it was when the child was older. Some working class parents appeared to make less distinction between babyhood and later, partly because they shared care less often anyway, but also because they had a stable carer set of relatives who could be trusted with a young baby.

Many mothers became more willing to leave children in the second year, when children have been seen by the experts as most vulnerable to separation distress (Kagan, 1979). Mrs. Urquhart* did not see Thomas' separation crying in his second year as part of a sensitive period but as a sign that he was not sufficiently familiar with being left. So she deliberately shared care more often, which apparently did increase his self-assurance. Mrs. Inglis took similar action to increase Barry's independence. Mrs. Reynolds* said "The second year, he was left a wee bit more", and her husband added "you don't want him to get too tied to

us, like". Several middle class mothers began ad hoc or weekly swaps at this stage. Besides greater confidence in the child's capacities, another influence was the fact that befriending takes time and some mothers local contacts only began to develop in the second or third years. On the whole, parents felt more able to insist on sharing care by the time their child was 3, even if the child was not happy about it. It was regarded as more in the child's interests to do so and mothers' rights could be given greater weight than earlier.

Changes with the child's age in parental values and perceptions of children tended to go together, such that implicit "models of child development" could be identified. These may be seen as ideologies comprising a number of beliefs and values which are mutually sustaining. They draw on selective interpretations of reality in order to maintain the coherence of the underlying assumptions and minimise cognitive dissonance (Brown, 1965; Schutz, 1972). The two main types can be called "attachment" and "social exposure" models. Of course, some parents combined aspects of both models. The attachment view gives greatest weight to maturation as affecting children's capacities and relationships. It depicts children as needing to pass through a sensitive period in a secure relationship to the parents before they have the emotional security and cognitive abilities to cope with extended separations from the parents. Mr. Griffin said "I don't know how much the Bowlby stuff plays, but I'm not happy about children under 3 having extended contact with other people". The social exposure view sees children as learning to accept being with people other than the parents through plentiful practice. Thus, it is valuable for the child to become gradually accustomed

to shared care. Otherwise the experience remains so unfamiliar, that when it needs to happen it makes the child miserable.

The two ideologies contained different predictive and instrumental beliefs. In the attachment model separation from mother which was too early or too long was seen as traumatic and so detrimental to later adaptability. The social exposure view on the other hand regarded shared care as insulating children against later distress because they became accustomed to operating away from their parents. Adherents of the first model aimed to build up confidence in the family, so later the child feels more confident to explore from a secure base (cf. Ainsworth et al., 1974; Main, 1977). This conforms with research evidence mostly using the strange situation technique that insecure attachment to the mother may adversely affect social competence (Easterbrooks et al., 1979; Klein & Durfee, 1979; Matas et al., 1978). Supporters of the second model planned to develop confidence in handling the outside world by direct dealings with it from an early age. Naturally, low sharers tended to have an ideology which included most of the features of the attachment model, whilst high sharers' ideas emphasised social exposure much more. Some partners in a couple disagreed in their implicit models. For instance, Mr. Sadler* thought that an earlier start to group care would have helped their daughter to cope better, whilst his wife considered it better to wait until her understanding and confidence had increased with age.

Whilst the two main models were represented in both Milburn and Whitlaw, a third "modified attachment model" seemed to be expressed mainly by working class

parents. Sensitivity to separation was seen as parabolic. Before about 3, separations were seen as potentially threatening to a positive attachment to the mother. After that there was a risk that overattachment would perpetuate the child's vulnerability, so it became important to have regular experience away from parents, to prevent the child becoming habituated to dependence. The idea of an optimum period for separation at 3 was probably affected by the availability of nursery school places at that age, which made a shift in orientation possible.

The majority of parents indicated that their patterns of shared care had been affected by some form of attachment ideology. It was the experience of a few that their efforts to minimise early separation had indeed contributed to the child's willingness to stay with others later. Similarly, some parents believed that crucial incidents had predisposed their child to later upset, in accord with attachment theory. Mrs. Morrison thought that her older daughter's early start at nursery school had made her more anxious at school.

Nevertheless, it was more common amongst both "protective" and "independence encouraging" families to find explanatory developmental beliefs, which invoked some kind of experiential learning as the main influence on social confidence or care reactions. Overdependence or shyness could be attributed to a lack of social contacts in general, rather than shared care as such. Mrs. Whigham* explained that Ross "doesn't see a lot of strangers or different people, which is maybe the reason he has not been so happy with strangers, too". Several parents commented that the difference in social confidence between 2 children in the same family was

related to the fact that the less sociable child had had less opportunity to play with other children when young. However, there were also frequent unprompted remarks made in the interviews, which attributed poor reactions to separation directly to a lack of experience of shared care. Such individualised causal beliefs were expressed by parents in several "protective" families, even though they contradicted their more generalised beliefs and values. Here are a few examples:-

Mrs. Traynor* "They seem to be upset to leave me. Perhaps it's because I don't leave them with people very often. They are with me the whole time."

Mrs. Taylor* (to her son, who was highly resistant to being left with anyone else) "I never used to leave you. Maybe that's what's wrong."

Mrs. Raeburn "He was very tied to me, because we never had people we could leave him with during the day."

Mr. Crawford "he's not got used to being with others much, which is maybe not a good thing. () The few times we did leave him with grandparents, he was a bit difficult, because he just wasn't used to it."

Furthermore, difficulties in adjusting to group care were explained by several parents as resulting from insufficient prior sharing:-

Mr. Purdie* "We are partly to blame - we keep our children to us."

Mrs. Jamieson "Really it took a bit longer (for her to settle in) than a child who's been left quite a lot, you know."

Correspondingly, high sharing parents would often attribute their child's self confidence to the fact that he or she was accustomed to being away from them, perhaps in contrast to "overdependent" children they

knew who were hardly ever away from their parents. In particular, a number of parents thought their child had settled well in group care, because he or she was used to being left. For example, Mrs. Quinn* described Ralph's start at nursery school - "He's just settled fine. I think it's because he's always been used to being with other people". When Craig Allan was suddenly admitted to hospital, his mother declared "Thank God, he's been used to being away from me".

The Child's Sex

Whether a young child is a boy or girl may have a direct influence on parental attitudes and behaviour or on the child's befriending patterns. Gender is also an important element of sibling status, that is the combined sex and birth order of the child. There are many possible combinations, further complicated by the effects of age spacing (Sutton-Smith & Rosenberg, 1970). A study with a small sample such as this cannot handle such distinctions. Indeed few large surveys do so either. However, it is important to bear in mind that the apparently small influence of sex and birth order on sharing care found in this study may reflect not only insufficient precision in analysis but also the cancelling out of the effects of different sibling statuses. More importantly, sex, birth order and indeed other characteristics of the child derive meaning from and make their influence felt partly through the perceptions of those characteristics and reactions to them by family members and others. Consequently, differing responses to the same quality may mean that it is important yet does not give rise to significant statistical associations.

The sample contained 36 boys and 27 girls. The proportion of boys was higher in Milburn (22 or 61%) than in Whitlaw (14 or 52%). The small tendency for the middle class part of the sample to include more boys was not statistically significant, but it is just possible that this may have influenced some of the class comparisons. However, when this seemed most relevant, sex was introduced as a controlling factor and was not found to affect the overall results much. Most aspects of care patterns were statistically unrelated to the child's sex. Nevertheless, some parents' perceptions of presumed gender-based qualities or differences did play an important part in their descriptions and explanations of specific aspects of sharing care. According to Block (1976), parents are least likely to treat their children differently on account of their sex at a very young age, but stereotyped attitudes are already at work then.

There have been suggestions in the literature that parents may be more loathe to share care of girls than boys, perhaps because mothers are more reluctant to separate from girls or find boys more difficult to cope with (G.H.S., 1979; Stevenson and Ellis, 1975). On the other hand, it has been conjectured that some mothers are more protective towards young sons than daughters (Blomart, 1963). Hardly any of the parents interviewed here expressed an opinion that care frequency should differ according to the child's sex. Both interview and diary data showed a weak tendency for higher proportions of boys to have experienced both high and low sharing, whereas more girls experienced medium frequencies of care ($p < 0.1$). There was a similar slight trend for more boys to have large or small rather than medium-sized carer sets.

Although sex differences appeared to have little direct impact on sharing care, it could be that there were indirect influences operating via network contacts. Boys and girls had similar ranges of adult contacts, but there were some differences with respect to child-child relationships. Those with the longest lists of other children they were said to be fond of were mostly girls ($p < 0.02$). There was also evidence of sex-matching in children's friendships, which other research has found to occur well before starting school (Challman, 1932; Hutt, 1972; Maccoby and Jacklin, 1980). For instance, 70% of children's best friends were of the same sex ($p < 0.01$). The diary also showed that other children seen who were described by the parents as the child's friends were most likely to be same-sex peers. Many of these relationships had begun before the children started at group care.

Although sex had little overt impact on the broad patterns of sharing care and a rather small influence on children's networks by the age of 3, it was important in some parents' explanations of their children. On the attitude form most parents disagreed with a statement that boys and girls should be treated differently. This may represent a social desirability effect, but that is interesting in itself, showing that most parents felt sex should ideally make no difference. Despite this norm, there was an acceptance of the early emergence of sex differences in behaviour however hard the parents tried to treat a brother and sister the same. Several parents said that they tried to treat children the same but somehow sex differences emerged. As Mrs. Booth stated "I don't know how boys become boys but he's a boy".

Sometimes ideas about sex differences did affect detailed processes of shared care. The Powells had been concerned that Peter had been surrounded by girl playmates and wanted him to benefit from seeing more boys at playgroup. Sex-typing also entered Mr. Baxter*'s explanation that Derek was bored at home, because as a boy he was expected to be uninterested in helping his mother round the house unlike his older sister. Mr. Baxter* was glad Derek would go to a different nursery school from his sister, so that "he'll maybe meet a wee boy he likes, his pal" and "learn to do things that boys do". Mrs. Arnot explained her caution about sharing care by the generalisation that girls are more easily upset than boys. Mrs. Ogilvie* thought that it was important for children to learn to stand up for themselves at nursery school, "especially for wee boys", who might get more involved in fighting and bullying. A few families also suggested that the interest of relatives in sharing care might be affected by the child's sex. There might be a direct preference for a boy or girl, or perhaps a special interest in the first girl or boy after several grandchildren, nephews or nieces of the opposite sex.

Gender was a common means of explaining differences between children's sociability and reactions to care. There was no consensus about the kind of influence, however. Mrs. Powell had formed a generalised belief from children she knew that girls are more shy than boys, but Mrs. Johnstone had reached the opposite conclusion that girls are more self-reliant and outgoing. Both the Lauries and the Baxters* attributed contrasts in their boy-girl pairs to the fact that the son took after the father and the daughter after the mother. In the first case, the girl was more gregarious, in the

second case it was the boy.

Birth order and sibling spacing

This study must plead guilty to the charge of analysing birth order differences in a simple post hoc manner, which does less than justice to the complexity of the subject (Kammeyer, 1967; Warren, 1966). Practicality ensures that this is generally so in research. We shall firstly consider the statistical associations between birth order and care and network patterns. Secondly, parents' beliefs about the effects of birth status will be discussed.

There were 9 only children in the sample. Most of the remainder had just one or two siblings. There were 23 first borns, 26 second borns and 14 later borns. Rather less than one third (18) of these 3 year olds had a younger sibling. Considerably more of the only children and second borns were boys, whereas slightly more of the first and later borns were girls. As girls were underrepresented among second borns (2/3 were boys), this may partly account for the fact that this group differed from first borns in ways which sometimes contradict the birth order effects found in other research.

There were 40 children who had a sibling either older or younger by fewer than 3 years. These may be called "closely spaced children". Most of the older brothers and sisters were aged between 5 and 10, but a few of the key children had teenage siblings. Middle class families included a lot more siblings aged 4-10 than the working class families, who accounted for rather more of the older siblings aged over 11.

Birth order was not significantly related to most care dimensions. However, in each of the three years a higher proportion of second borns and a lower proportion of later borns had infrequent care (less than 6 times a year). Only children were especially likely to have frequent care. ($p < 0.1$). This pattern was repeated in the diaries. There was also some indication that those children with a younger sibling usually experienced a reduction in care frequency after the new baby was born. In addition, markedly fewer closely spaced children (13.5%) than others (47.5%) had high shared care frequency in the two weeks of the diary record, despite the fact that more were middle class ($p < 0.02$). All but one of the "protective" families had closely spaced children. Probably parents become less willing to share care when there are two under fives, especially when one is a baby. An alternative possibility is that "child-centred" families who are reluctant to share care may be more likely to want their children to be close together in age.

As might be expected, only children and first borns had had more overnight care on average in each of the three years. It is easier to put up and maybe put up with one child than two. Several families had split the children for week-ends or holidays away. They either took the key child away with them and left older siblings with an overnight carer, or vice versa. The tendency for overnight care to occur chiefly for first and only children increased between the first and third years, and was actually stronger than class differences in the third year. But there was an interactive effect with class. In the first two years, there appeared to be no birth order differences for working class children, but there were for middle class children.

However in the third year, the birth order differences applied in both classes. The numbers involved are small, so the data can only be suggestive. In all, about half first borns (including 7 out of 9 only children) had been away for 9 or more nights in the 3 years, but only one quarter of second borns and an even smaller proportion of later borns (14%).

Far more second borns than either first or later borns had some upset from non-group sharing care ($p < 0.01$; Table 10-1). At group care too, a higher proportion of second borns (43% of attenders) than others (7%) were withdrawn or playing on their own, rather than mixing well. Closely spaced children included most of those who had been upset by non-group sharing.

In general, adult contacts seemed largely independent of birth order or sibling spacing, but as in the case of children's sex there were some associations with child-child relationships. It might be predicted that first born children would have a smaller child network. We have already seen that a considerable number of 3 year olds' contacts are with friends of older siblings - a possibility not open to first borns. Both first borns and their parents are building up stage-related contacts for the first time, whereas second and later children inherit contacts with families already befriended in relation to elder brothers and sisters. Understandably then, second and later borns did have more contact with primary school age children outside the family. A trend for contacts with all other children to be greatest for later borns and least for first borns was detectable but did not reach statistical significance. On the other hand, those

TABLE 10-1

BIRTH ORDER AND REACTIONS TO CARE

Reactions to sharing care (outside
group care) over the 3 years

	A. <u>Generally Fine</u>	B. <u>Some Upset</u>
ONLY CHILDREN	9	
FIRST BORN	7	7
SECOND BORN	10	16
LATER BORN	13	1

Note :- Several of those who were only children at the time of
interview would subsequently have younger siblings and
so become first born.

CHI-SQ. 12.319

Sig. = 0.002

children who had few friends were mostly second borns. This may be linked to the lower sociability of second borns in this sample, which will be described later. Furthermore there were fewer girls who were second borns and girls tended to have longer fondness lists. In working class families second borns seemed particularly lacking in friends of the same age, but for middle class families a high proportion of second borns had many peer friends. This is interesting, because several middle class parents thought that their second children tend to be more friendly, which was contradicted by the overall results in this study. It could be that among middle class families, second borns did acquire peer friends and social confidence helped by street contacts established through their older siblings, but this happened more rarely for working class children.

Although birth order did not yield strong and regular associations with care patterns in the way that social class did, it was nonetheless a prominent element in the beliefs which parents volunteered about children. When there was more than one child it was natural that parents' would form comparative images, as differences between the children became apparent often from a very early age. Contrasts between siblings in their reluctance, acceptance or enthusiasm about shared care were sometimes explained by sex, heredity or different early experiences. However, most frequently it was some kind of birth order effect on the child's social environment that people selected as most important. It seemed that generalised birth order explanations were mainly proffered by middle class parents. For example, Mr. and Mrs. Arnot spoke of "a typical first child" and "the typical second child syndrome" as if these were typifications shared by

their reference group. Yet even within families of similar composition (say a 5 year old boy and a 3 year old girl) it was possible to reach opposite conclusions about the effects of birth order, depending on which of several birth order mechanisms was invoked. Parents could also be aware of the difficulty of sorting out the influence of birth order from other differences between their children, and also in knowing whether their comparisons took sufficient account of the present age difference of the children.

Psychologists have mostly compared first borns and others. The differences which have been discovered have usually been ascribed to changes in parental experience, family structure and time allocation. There has also been a certain amount of attention to direct sibling-sibling effects, but again usually in relation to parental attention (Dunn & Kendrick, 1979, 1980; Kammeyer, 1967). The parents in this sample made use of similar explanations, but they also laid greater emphasis on the direct effects of children on each other and indicated that changes in the family's external relationships associated with birth order could be important too. To sum up, parental beliefs about birth order can be divided into 3 main types:-

1. Changes in the parents between one child and the next:-
 - a) Differing reactions to the child
 - b) Differing treatment of the child
2. Direct sibling effects
3. Developments in network and care patterns

A widespread observation was that the parents had reacted less well to the first child. Many mothers in

particular recalled worry, depression, isolation and feelings of great responsibility. Sometimes it was felt the anxiety had been transmitted to the child. This conforms with psychological findings that first-borns are more likely to be anxious and dependent. The arrival of the second and subsequent children was generally easier, except in the few cases where there were difficulties of temperament. The second time round, parents usually felt more relaxed, less cautious and less involved with every detail of development. Sears (1950) and McArthur (1956) reached similar conclusions, although Lasko (1954) noticed more protectiveness towards later borns in the form of "babying". As Mrs. Sinclair* said "Everybody learns by their mistakes, don't they?". This applied to fathers too, for Mr. Sinclair* added "With the second one () you are more at ease. You are always panicking with the first child". Consequently some parents said they felt more relaxed about sharing care with their second or subsequent child. Their earlier worries had been allayed and in some cases they had concluded that minimal sharing with the first child had led to overdependence. Mrs. Kerr admitted:-

"I wouldn't have left a nine month old baby with a friend had it been a first one. () You think, if it's your first, that if it's away from you for two hours some desperate damage will happen. You think some psychological damage will be done, but by the time the third one arrives, you realise it's really quite good for them to get away from you for a couple of hours".

Similarly, Mrs. Balfour remarked "I think with the first child you're probably overcareful". She planned to start Anthony's baby sister in a weekly swop or mini-group earlier than had happened in his case, as she believed

this would increase her self-assurance. Mrs. Sinclair* generalised from her experience as a playgroup committee member that first borns adapted less well to group care because they were more dependent on their mothers as a result of less frequent shared care. She said that she herself went out more often after her second child was born, because she was less worried about leaving him. On the other hand, it occasionally happened that an image of children as resilient based on a first child was wrongly applied to a second one, who was less ready for sharing than anticipated.

Many of the respondents noted the importance of the direct effects of one child on another. In particular, older siblings were described as helping the younger one to do things. Some parents thought that this advanced the second child's capacities through imitation and experiential learning. Others believed that the younger child was held back by not needing to find out how to do things for him or herself. The former causal belief was more common. Younger siblings were seen to aspire to do the same things as their older brother or sister. This often fuelled their desire to be involved in the latter's arrangements for swop care, group care or overnight stays. Younger children both missed the company of the older ones and wanted to join in the same activities. Some two-year olds had exhibited frustration when excluded. Several parents felt their younger child would adapt better to group care because they had become familiar with the place and routine through accompanying and observing their older siblings. Likewise, Aidan Hunter was quite used to the idea of going to his childminder, because his sister had done the same. It was also a common belief that siblings provided a source of comfort for each other during

shared care. This view is supported by research (Burlingham & Freud, 1943; Stewart, 1983). Different parents described how an older child reassured a younger child or assisted a carer if the younger one was troubled. This was an important factor in reducing concern about stranger care for a few parents. Parents were often very conscious of potential rivalry or jealousy between children, so they might adjust care arrangements to take account of this. Mrs. Irvine and Mrs. Balfour had been concerned that it was inadvisable for an older child to start group care at the time when a newborn baby came into the home. Mrs. Clark had delayed sending Alexander's older brother to playgroup for fear he might be jealous of Alexander having their mother's sole attention at home. A few mothers had arranged care of babies from time to time so that they could spend time with an older child without interference from the younger one.

A number of parents merged the social exposure explanation of personality with a birth order explanation of differences between children. They commented that a second or later born child acquired a ready-made network of social contacts, which had been developed in relation to an older sibling. The later born child was therefore able to mix earlier with other children and so gain practice in social skills. Similarly, a younger child could simply join in or take over from a sibling in a swop care arrangement at an earlier age. Mrs. Vallance* summarised several of these points in contrasting Susan and her older brother:-

"I know they are different natures, but when he went along to nursery, he found it a lot harder, because he's been ... well you know ... just a baby, whereas she had more contact with

other children. And her going along to the nursery before it even started, she took to it a lot easier".

By contrast, a few mothers thought their second child was less sociable because they had lost touch with some of the friends and carers they knew at the time when the first born was the same age.

Aspects of child development and behaviour

Given that this was not primarily a developmental or medical study, only some aspects of a child's personal history were briefly ascertained. Check lists were not used, so that when parents were asked about behaviour problems or illnesses, only spontaneous responses were recorded. Partly as a result of this, but also because the sample excluded single parent families and mobile families, the sample was relatively free of admitted major problems. It was also rarely possible to determine statistical associations with aspects of child development. From this it cannot be inferred that they are irrelevant to sharing care, but rather that a different kind of sample and study would be required to reveal significant patterns.

Information about early feeding was obtained only in the last 43 interviews after it appeared to have more importance than had been originally expected. As in previous research (Blaxter & Paterson, 1982), most middle class mothers had breast fed longer than most working class mothers. Indeed, the contrast was stronger than the Newsons (1963) found in Nottingham over 2 decades ago. Moreover, the figures for both classes together showed a higher proportion breast-feeding than did studies 10 years ago (Leach,

1974 p.73). It could be that breast feeding has increased, that there are differing definitions about brief breast feeding or that chance factors explain the difference between small samples. 3/4 working class mothers had bottle fed from the start or after only a week or two. This was the case for only 1/4 middle class mothers. This may be an additional factor why working class mothers could contemplate overnight stays from an earlier age. Mrs. Robertson* only began overnight stays when Tammy was weaned at 6 months and she also stopped them again for 6 months after her younger sister was born. Quite a few mothers who had subsequently become high sharers said that they seldom shared care until they had finished breast-feeding. The restriction could work the other way, however. Mrs. Carlisle said she had to share care because of prejudice about breast-feeding in public places where she would otherwise have taken her baby. The comparatively prolonged period of breast feeding did not apparently prevent more daytime sharing care by middle class families in the first year than working class families. Much of the sharing that occurred at that age would have been for only an hour or two and so could be fitted in between feeds. Mrs. Green was able to work 30 hours a week whilst breastfeeding up to 18 months, demonstrating that shared care of considerable duration could be managed around feeds and with a bottle as standby.

Illnesses and accidents constituted the most important single type of worry respondents said they felt as parents. Understandably, they said they shared care briefly if at all when the child was not well, but this did not affect longer term care sequences. Of course, there was a strong relationship between the

incidence of overnight care in hospital and of serious illness ($p < 0.01$).

Attempts were made to assess the impact of life events on care patterns using both subjective and more objective assessments of events. These have been found to affect many aspects of adult's lives (Dohrenwend & Dohrenwend, 1974; Thoits, 1981; Williams et al., 1981). However, this produced no significant findings in this study, which suggests that important incidents in family life were too diverse to have consistent effects. Individual events were clearly important. For instance, Mr. Tulloch* thought that Stanley's resistance to separation from his parents began only after an accident to his eye. The Balfours had spent two lengthy periods abroad, and they thought this made Anthony much more reluctant to stay with anyone apart from his parents, because they had been out of touch with familiar friends and relatives.

In all, 15 children had some kind of behavioural or social problem mentioned by parents. These were mostly minor things like eating difficulties, nailbiting or clinginess. Generally, these children did not differ from others in their care patterns, probably because the kinds of problems mentioned were too diverse and the numbers too small. Quite a few parents thought that group care had helped sort out a problem, such as Jackie Gunn's intense, provocative relationship with her mother. The boisterousness or aggression of several children was said to have been mollified. Curiously, in 6 families it was noted that group care had helped to overcome the child's resistance to eating a full meal. These were all working class.

Children's sleep patterns exhibit considerable continuity from birth and have important links with other aspects of development (Dunn, 1980b; H.Moss, 1967). Contrary to common preconceptions, it seems that night waking is much more the product of perinatal factors and very early behavioural propensities than of parental handling (Bernal, 1973; Blurton-Jones et al., 1978). Half of the children (32) in this sample had apparently been good sleepers since birth. A further 6 children stayed up very late, but then slept well. 21 children had presented significant night waking difficulties at some time in the 3 years. For 7 children there had been a persistent problem of waking and/or crying at night right up to the time of interview. Two thirds of the children who had eating, nailbiting or clinging problems were also poor sleepers. There was also a slight trend for more poor sleepers to have been breast fed ($p < 0.1$), which concurs with the findings of the Cambridge study of infants (Dunn, 1980b). Two thirds of those who had had a night waking difficulty at some stage were boys, as were all of those who stayed up very late ($p < 0.05$). This did not appear to result in any sex difference in the frequency of evening care at the time of interview, but could have been influential earlier. A high proportion of second borns (52%) were poor sleepers, perhaps because more were boys. Bernal (1973) found no sex differences in night waking in the first year, but in Moss' study (1967) more boy than girl infants slept for shorter periods and cried more.

The occurrence of sleep difficulties was associated with lower frequency of evening care, especially for middle class families ($p < 0.02$). The Cambridge study likewise concluded that in general mothers of children who often woke at night went out without the child

less frequently than others (Richards et al., 1977). Several parents of children who might wake up while a babysitter was there said they were less willing to leave their children. It was easier for parents of children who slept soundly to accept stranger care and to feel they were not imposing much on an evening carer. If a child was having sleep difficulties, then specially trusted carers like grandparents assumed particular importance. The Christies restricted care to MM during periods when their children seemed specially liable to wake and panic. Ralph Quinn's grandparents looked after him more than usual during a spell of high activity and disturbed sleep in order to give his parents a rest. Night waking could affect daytime care as well. Mrs. Barker's decision not to return to work (as she had planned) when her son was born was partly influenced by her own lack of sleep caused by his night waking.

Several studies have demonstrated that children vary almost from birth in their degree of calm or restlessness which is associated with responsiveness to environmental change and stimulation (Carey, 1970; Dunn, 1980a). Such children are seen by mothers as more difficult to leave even with familiar people (Barnes, 1975). In this kind of study it was not possible to differentiate actual differences in the children from parental perceptions. In any case, it was the latter which affected parents' actions. Some parents clearly felt that from a very early age their child was particularly difficult to leave. This is illustrated in the following quotation:-

Interviewer "How did you first
notice that she cried a lot when left?"

Mrs. Buchan "When she was born,

she screamed, and she screamed fairly considerably. She had colic severely until 3 months. She's a child who still will cling onto you very hard.... will go to some other people with some willingness, but on the whole she wants to be with me."

Mr. Buchan "Yes, in her first year, she wanted to be with you."

Mrs. Buchan "Yes, to the exclusion of everybody else."

Mr. Buchan "It was quite difficult for me to have her for a long time, because she got very upset".

Several parents noted big differences in temperament between their children. Mrs. Barker had placed her placid daughter with a childminder, but when John was born he seemed much too delicate and irritable for this to be repeated. Like the Buchans and the Barkers, some parents became very cautious about sharing care, because of their child's delicate nature. Others persevered, however. Mary Mitchell had been "terrible as a child, awake all night. She doesn't settle to change easily". However, she had stayed daily with work carers since babyhood. Occasionally a child's low adaptability might contribute to sharing care. Mrs. Boyd had happily taken her son round the shops, but his younger sister did not like this, so was left with others more often.

It was clear that nearly all the parents showed sensitivity in adapting their patterns of care to the nature of their children, just as it has been found that parent-child interaction in general is responsive and not imposed on the child (Lewis & Rosenblum, 1974a)). As they grew older, the children could exert influence more directly by verbal expression of their wishes.

Many children prompted their parents to arrange care with relatives or so they could go and play with friends. On the other hand some resisted staying with carers. Mrs. Henderson wanted to share care with friends, but when she attempted this he said "home now" so insistently that it was hard to ignore. Mr. and Mrs. Villiers* had left Simon to stay overnight with friends, but when bedtime came he was so adamant about wanting to return home that his parents were called to collect him in his pyjamas.

Children's shyness and sociability

Children's willingness or otherwise to stay with carers is naturally affected by their more general responses to people outside the nuclear family. This was not measured precisely, but during the interviews all the parents were asked to describe their child's personality and to say how he or she reacted generally with less familiar adults and other children. Often the child had already been described spontaneously by respondents using such adjectives as shy, anxious, clingy, friendly or sociable. Using all this information, a global assessment of each child's degree of social confidence was made. Evidently a child's responses to other people he or she does not know well vary considerably according to the person's manner, the context, the child's age, mood and state of health, and many other factors. As the studies of childminding showed, withdrawn behaviour in one context is not necessarily an indication of the child's whole range of behaviour (Bryant et al., 1980; Mayall & Petrie, 1977). However, parental descriptions did suggest that most of the children had a more general disposition to either shyness or social confidence. Examples of the former

include:-

Mr. Scott* "She's very shy, and she's never spoken at nursery school since she's been there".

Mrs. Taylor "He's just one of these children that are clingy. That's an understatement".

Mrs. Ritchie* "But with her being so clinging - we used to meet people in the street and she would just stand beside me - so when she was 3, I thought she needed it." (i.e. playgroup)

Mrs. Laurie "In a strange house, or even a friend's house that she knows, I have to make sure that she's at the back of me. Otherwise, she'll break her heart if I'm not with her."

The opposite kind of personality might be indicated like this:-

Mrs. Ferguson* "He's pretty friendly with everybody."

Mr. Morrison "He's a friendly, wee soul, really."

Mrs. Nichols* "She's a mixer () She's no strange - it doesn't matter where you take her."

Other research has also indicated that there is a consistent temperamental dimension of social inhibition/confidence (Kagan & Moss, 1962; Waldrop & Halverson, 1975). On the other hand Marcus et al. (1972) identified 3 temperamental patterns which were generally stable across context and time, namely "slow-to-warm", "easy" and "difficult". This might suggest that the single bipolar dimension used in this study may be oversimplified, although von Cranach et al. (1976) discovered that most children were readily differentiated into two main types (inhibited or socially

active) by using a standard assessment scale. The latter group contained 2 sub-types of conforming and non-conforming children, which may correspond to "easy" and "difficult" in the classification of Marcus et al..

A further reason for treating the present findings with caution is that they were based on parents' subjective assessments. Nevertheless this aspect of children's development will be examined in some detail because it showed strong connections with care patterns and was very important to many parents. Nearly one in three parents mentioned in some way that they had worries about their child's lack of social confidence or clinging. There is some justification for such concerns. Although shyness has received very little attention compared with more socially disruptive behaviour, the few relevant studies suggest that early inhibition is often an important indicator of future developmental difficulties (von Cranach et al., 1976).

Slightly more children were classed as broadly friendly or very friendly towards adults than as shy. A high proportion (14, or over one in five) appeared to be very shy or anxious. As Batter & Davidson (1979) also found, most of the children were apparently less reserved with other children than they were with adults. Two thirds of parents felt that their child played well with other children and only 11 thought their child had difficulties in playing with others. This is slightly higher than the 5-10% identified by Asher & Renshaw (1981) as having difficulties with peers in elementary school. Children who were particularly wary about other children were nearly always diffident with adults, too ($p < 0.001$). Therefore, the children could be placed in three broad groupings:-

SHY-BOTH Shy with adults and children

SHY-ADULTS Shy with adults only

NON-SHY Confident with adults and
children

Half of the "shy-both" children were to be found in the intermediate class families who made up only one quarter of the sample ($p < 0.02$). Shyness with adults seemed particularly characteristic of intermediate class children (11 = 73%), compared with solid middle class and solid working class children (18 = 37.5%).

Shyness was not associated with the child's sex, but second born children in the sample were significantly more likely to be shy than first borns. Later borns were nearly all sociable ($p < 0.02$). This was so in spite of the fact that far more second borns were boys (17 boys, 8 girls) and in this sample slightly more girls than boys were shy. Several more specific psychological investigations have reached an opposite conclusion that first borns tend to be less confident and more anxious than other children (Clausen, 1964; McArthur, 1956; Miller & Maryama, 1976). It was also contrary to many parents' birth order explanations of children noted above, which suggested that changes in parents' attitudes, direct sibling interaction and network relationships favoured greater social confidence for second and later borns. Analysis of individual cases showed that such views were mostly expressed by middle class parents with a 3 year old and a younger sibling who appeared to be more confident. Interestingly, Snow et al. (1981) found more first borns to be more sociable and assertive than others. Perhaps all that can be concluded from these contradictory results is that sociability is related to fine

distinctions of sibling status interacting with other factors which most research has been unable to allow for.

"Shy-both" children included a high proportion of those with sleep difficulties ($p < 0.05$). The relation between sleep and shyness was especially strong among second borns, who included the majority of the poor sleepers it may be recalled. Longitudinal studies have likewise discovered a distinctive group of children with irregular sleep patterns and poor responsiveness to change (Dunn, 1980a; Thomas & Chess, 1977).

This sample demonstrated a strong association between shyness and low frequency of shared care in both classes. Most children with a low sharing sequence were shy and nearly all children in high sharing families were confident. Medium sharing families had equal numbers of both ($p = 0.001$; Table 10-2). All but one of the ten children who had experienced sharing care only a few times in each of the 3 years were "shy-both" children ($p < 0.001$). The one exception had spent a lot of time with his mother at his older brother's playgroup. All 12 "protective" families had shy children ($p < 0.001$). Only 2 children from "protective" families were said to be able to play well with other children (17%), compared with the vast majority (39=77%) in "non-protective" families. This fits with the conclusion of McCandless et al. (1961) that high dependence on adults appears to inhibit success in peer interaction. It is also noteworthy that Kagan & Moss (1962) identified maternal protectiveness and encouragement of dependent behaviour before 3 as linked to continued passivity at a later age. The

TABLE 10-2

SHYNESS-SOCIABILITY AND CARE FREQUENCY

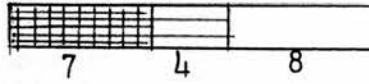
CARE FREQUENCY IN THIRD YEAR

SHYNESS/SOCIABILITY WITH ADULTS

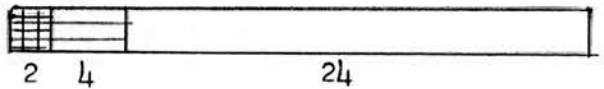
UP TO 6 TIMES PER YEAR



EVERY 1-4 WEEKS



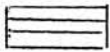
AT LEAST WEEKLY



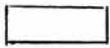
KEY



Very shy or anxious with unfamiliar adults



Shy with unfamiliar adults



Not shy or friendly with unfamiliar adults

association between shyness and restrictiveness in shared care was further demonstrated by the fact that most of the children with small carer sets were "shy-both" children. In addition, those middle class families with mainly kin carers were significantly more likely to have shy children than other middle class families ($p < 0.05$). Clarke-Stewart et al. (1980) also observed that frequent kin contact and care was associated with lower sociability towards strangers. Families who had shared care so that the mother could work included a high percentage of those with socially confident children. All ten of those who had shared care for work reasons in the first year had "non-shy" children ($p < 0.01$). Over the 3 years only one mother with a "shy-both" child had shared care externally in order to work. Shy children had also usually experienced little or no overnight care ($p < 0.01$). Among working class families who accounted for the most frequent overnight care, it was the sociable children who had more overnight care ($p < 0.02$). Evening care frequency was not associated with shyness-sociability. This could be because "protective" families were more willing to share care while the child is asleep or alternatively that gains in child sociability from sharing care only accrue when the child is awake.

To sum up, most shy children had had much less experience of sharing care than most friendly children. There are several ways this might be explained. A social learning explanation would suggest that frequent sharing care encourages children to be more sociable through greater exposure to others which provides a stimulus to develop interactive skills without the constant support of parents. Children who are less skilful socially have been shown to be more dependent

on parents and less willing to be left (Ferguson, 1970; Light, 1980). Alternatively, frequent sharing care may simply be a sign of greater overall social interaction by families and it is this which assists social confidence. Thirdly, parents of constitutionally shy children may respond to their child's sensitivity and so refrain from sharing care (Clarke-Stewart, 1973). A study by J.Cohen (1979) revealed that parents' confidence or doubts about their children's entry to school was realistically based on the nature of the children in many cases. Fourthly, reserved parents may give birth to shy children, so that both are reluctant to mix and share care. Twin studies suggest that a fairly stable trait of sociability emerges very early in children's lives. The findings of Scarr (1969) appear to demonstrate that there is a strong genetic component in this, but other studies indicate that environmental influences may be important too (Goldsmith & Gottesman, 1981; R.Wilson et al., 1971).

Probably several of these mechanisms interact. Many of the shy children in this sample appeared to have mothers or both parents who were diffident and who also perceived the child as too vulnerable to share care much except within the circle of close kin. Lack of social experience apart from parents could then reinforce this. However, this explanation cannot be pushed too far. Quite a few of the low sharing families included older or younger siblings who were described by their parents as being temperamentally more outgoing than the key child. This mostly appeared to reflect persistent individual differences rather than their age gaps. Hence the nature of the family could not by itself be said to determine the shyness of the one child but not the other. Overall, there were only 4

families of two or more children all of whom appeared to be shy or clinging. 3 only children were shy. All of these families were low sharers. The association between care frequency and shyness in the child applied regardless of parents' M.I. score. Although there was a statistical association between parental anxiety, low sharing and poor reactions to care, shy children were only slightly more highly represented in families where at least one parent had an M.I. score of 3+.

Whatever the explanation, it may be concluded that frequent sharing care by mothers in these families did not lead to withdrawn or difficult behaviour. Indeed, given a basic stability of family life, a considerable degree of sharing care and social interaction appeared to foster social confidence. The most inhibited children were more likely to have the kinds of parents who themselves lacked the confidence or ability to create the circumstances for such social experience in their own networks. As a result, many parents of shy children hoped that group care would help their child gain confidence and some thought it had done so.

One of the several possible reasons why frequent sharing care among a wider carer set was associated with social confidence could be that both are concomitants of frequent social interactions in general. However, we have noted that there was no class difference in shyness despite the class contrasts in network contacts. Working class children's less frequent contact and friendships with other children of similar age did not appear to reflect or affect their abilities to relate to less familiar children. Nor was the middle class tendency for parents to make more friends through children related to a higher proportion

of sociable children. Of course, it is possible that parental assessments of shyness and ability to play with other children were judged in families of different social class according to differing criteria, but as far as possible this was checked in the interviews against parental descriptions of the child's social interactions. There is therefore some doubt about how far differences in the kinds and frequencies of contacts with network members can in fact account for the differences in the child's personality. Furthermore, cross tabulation revealed no association between the child's shyness-sociability and any of the measures of network size, frequency of contacts or fondness patterns with respect to kin, "friend-neighbours" or both together. The positive relationship between care frequency and sociability was found to hold irrespective of the amount of social contact the child had with other adults.

It also seems plausible that shy children would have fewer friends or playmates. In fact, neither the length of a child's fondness list nor frequency of contact with other children in the diary fortnight was strongly related to sociability. Only among working class families did shy children usually have fewer street friends than others ($p < 0.05$). Probably the initiatives which most middle class parents took to facilitate interaction of children locally meant that this was less dependent on the child's personality than in the working class area. At this age, contacts are probably still more determined by parents and siblings than by the child's own confidence or diffidence. Thus, on the whole there was little support for the idea that it was the general intensity of social interaction which explains the association between sharing care and

shyness-sociability.

Children who were deemed to be shy made up a high proportion of those who had been upset by shared care, but this association is partly tautologous since assessments of shyness by parents took account of such reactions. Even so, two very shy children had had mainly good reactions to care, for this could also depend on how well they knew the carer and the general context of sharing care. Thus, Kirstie Chalmers* "does like to cling to us", but had felt "fine, great" about shared care by her grandparents whom she saw several times a week. 90% of sociable children were said to be mixing well at group care, but over half of the shy children who were attending group care were quiet or played on their own ($p < 0.001$). Some shy children did settle in quite well, but most of those children who had been very clinging or loathe to be left when younger were also unhappy about staying at group care, to begin with anyway.

Rather more shy children attended playgroup than nursery schools, especially among middle class families ($p < 0.1$). Parents with a sensitive child were more liable to seek out a facility with short hours of attendance. This is a more probable explanation than organisational differences for the fact that more children had found it hard to settle in at playgroups than at nursery school. Those with children who were not good mixers were mostly against an early start to group care out of concern that the child would be unhappy, rather than in favour of it in order to assist the child's sociability. This represented an application of the attachment model in that the children were seen as needing to pass through a sensitive period before being ready for major

separations of this kind. Parents of shy children were significantly more inclined to perceive an early entry to group care as harmful to the child and perhaps this was an accurate observation of their child's adaptability ($p=0.001$).

SUMMARY

Sharing care was much influenced by parents' perceptions of children in general and their own child in particular. Their interpretations of children's general adaptability and their own child's specific reactions to separations were especially significant. So were their judgements about the relative importance of children's "needs" for parental care, learning or social contacts with other children. Some of these ideas were developed from direct experience of their own child's strong dispositions or crucial incidents. Others were generalised from broader experiences in the parents' life history. Most parents had a mix of values and beliefs, whose relative importance varied according to the circumstances and the age of the child. However, it was possible to recognise two main contrasting ideologies. The attachment model emphasised security from a close mother-child bond, the importance of protecting children from distress and child primacy in reasons for sharing care. The social exposure model gave more weight to the value of a child's independence and favoured greater exposure of children to a variety of contacts and wider experience of care apart from parents. Of course, many parents drew on aspects of both and sought to establish some kind of balance amongst the various considerations. Some "protective" parents with a strong attachment ideology had come to suspect that lack of social exposure had contributed to

their child's difficulties in social relationships.

Individual families exemplified how a number of aspects of a child's sibling status, health, development and personality could affect shared care. With a few very important exceptions, the sample was too small for these features to produce major statistical associations with aspects of shared care, unlike class and network relationships. Boys and girls did not differ appreciably in their care patterns. There was some evidence that first born children were more likely to be cared for overnight and that second born children had less frequent daytime care than others. Parents' descriptive and causal beliefs about their children often drew on gender and especially birth order.

The feature of children which revealed the strongest statistical associations with shared care was the child's shyness/sociability. There was evidence in the study that this was not closely associated with the amount of overall social contacts of the child, but was directly related to the frequency of shared care. Parents of shy children were more likely to be reluctant to share care, to prefer short hour playgroups and to disapprove of early starts to group care. Their mothers did not work in the day away from the child. Several competing explanations are possible for these associations and quite probably there are interactive effects. However, the association between shared care frequency and shyness held up even when some of the other factors were allowed for.

There was also an association between poor sleep patterns, shyness and poor reactions to care. Most parents of children with persistent night-waking did

not share care often in the daytime or evening.

Chapter Eleven

PARENTS' EMPLOYMENT, DOMESTIC AND SOCIAL ACTIVITIES

Our attention turns now from considering the relationship between shared care and the characteristics of individual family members, to the connections with parental activity patterns. Of particular relevance is the distribution of time between husbands and wives with respect firstly to paid employment and secondly to domestic and social activities. Feminists have pointed out that in many ways this is a false distinction. Child care and housework can be shown to have certain formal and functional similarities to paid work as normally understood. They can also make comparable personal demands (Gardiner, 1975; Oakley, 1974a, 1974b; Secombe, 1974). From this perspective mothers not in paid employment may be described as "economically active in unpaid jobs" (Nissel, 1980 p.12). Child care (like other domestic tasks) often becomes paid work when done by people other than the parents. However, to show that an activity resembles paid work in some ways and that it sometimes becomes paid work does not mean that it is the same thing, because the latter has distinctive financial and cultural connotations. Stacey (1981) argues that it is misleading to apply ideas from the public market place to the private domain of life at home. New means are needed to conceptualise the division of labour at home. Boulton (1983) observed that the "domestic labour" model does not do justice to most mothers' own experience and perceptions. Confusion can also arise because the word work has at least two major meanings, i.e. effort expended on any task and a formal paid job. The traditional idea of work as

something performed for financial gain was the sense used by all the respondents. Hence, without gainsaying the force of arguments about some parallels between domestic and paid work activities, it seems legitimate to persist with conventional usage as indeed do several writers with broadly feminist values (See the titles of books by Mackie & Patullo (1977) and Rapoport & Rapoport (1978) for example).

So far the relevance of parents' paid employment to sharing care has been relatively underplayed in order to emphasise that care patterns are related to much else besides. Nonetheless, parents' work is nowadays rarely compatible with the presence of a child, so that it does have profound effects on patterns of care. Normally mothers are expected to stop work to care for young children and fathers to continue working. Therefore, differences amongst father's work commitments mainly affected internal sharing **directly**, whereas variations in mothers' work involvement had major implications for either internal or external sharing. However men's involvement in work formed a constant background factor leading to shared care when their wives wanted or needed to be apart from their child at the same time as the husband was at work.

Fathers Work

Only one of the fathers in the sample had experienced prolonged unemployment, so that in virtually all these families the fathers had been regularly away from the child for at least 35 hours per week since the child's birth. Nevertheless, there were important differences in father's work, notably in length, timing and flexibility of work hours, which had

significant effects on how far mothers' routine activities like shopping or special appointments could be fitted in with care by their husbands or were seen to "need" sharing care.

Of course, fathers occupation also formed a major component of social class, influencing family resources, area of residence and perhaps also family networks and attitudes, all of which in turn could greatly affect sharing care. About half of the fathers had jobs in the Registrar General's ranking I and II, i.e professional and managerial. Most of these were professional and/or administrative jobs in the public sector, but a few fathers were professionals or managers in private industry. The bulk of the rest of the sample held skilled and semi-skilled manual jobs (Table 11-1).

Most but not all of the fathers' work hours centred on a "normal" 9-5 day, perhaps with considerable overtime. There were 7 fathers whose main job involved shift work. A few others had worked shifts in the past. All these were in working class families. Several of such fathers had made major care contributions during the daytime, so that their wives needed to share care less or not at all for everyday activities like going to the shops. When he had been working at nights, Mr. Ogilvie* had looked after his baby son in the day, so that his wife could work. 3 of the 8 fathers who regularly took their child to group care (or collected him/her) did shiftwork.

Ten fathers - all middle class - worked at home frequently in the evenings or were on call from home. Besides reducing their contact with the children and perhaps increasing their wives' isolation (Robertson

TABLE 11-1
REGISTRAR GENERAL'S RANKINGS
OF PARENTS' JOBS

	<u>Father at time of interview</u>	<u>Mother before Pregnancy</u>	<u>Mother at time of interview</u>
Class I	12	2	2
Class II	21	26	8
Class III Non-manual	7	26	6
Class III Manual	20	3	2
Class IV	3	4	1
Class V	-	2	5
	<u>—</u>	<u>—</u>	<u>—</u>
	<u>63</u>	<u>63</u>	<u>24</u>

Notes : 1. The two unemployed fathers were ranked according to the previous job.

2. Those who had been University students before pregnancy were included in Class II.

Summary

Class I - III NM	63.5%	86%	66.5%
Class III M - V	36.5%	14%	33.5%

Elliott, 1978), this can also restrict opportunities for internal sharing or for reciprocating care by others. In all, 26 fathers (41%) worked outside the home in the evenings or at night at least once a fortnight. Therefore, the wives of many of these men were more than usually reliant on external sharing in order to go out in the evenings if they wished to.

Father's daytime activity space was largely different and distant from that of mothers and young children during the week. Only about one in six of the fathers worked in the same local area that they lived in. It was unusual for a father to come home from work at lunchtime. Just 5 children had frequent contact with their father's place of work. Inaccessibility at work reduced many fathers' availability for emergency or even planned routine care, even if time off could be taken. One quarter of children were said to have frequent contacts with father's work colleagues, usually at home. These people hardly ever acted as carers, however.

It is important to appreciate the relative satisfactions involved in the widely accepted role division of care and work responsibilities between mothers and fathers, because that division is so crucial to care patterns. Traditionalists have sometimes been too ready to assume this is the best arrangement for all parties, whilst some feminists have neglected the positive attitudes of some mothers to being home and the dissatisfactions of some fathers with their work situation. Parental evaluations of their domestic and paid work functions also helps clarify the potential for changes in men and women's caregiving.

When asked to state the good and bad things about their work, most fathers listed several satisfactions. There were clearly personal and social as well as material and normative advantages from working. Middle class fathers in particular emphasised the interest, challenge and autonomy of their work, whilst most working class fathers were more inclined to evaluate their work according to its physical and organisational conditions. Kohn and Schooler (1969) adduced evidence for linking such differences in work experience to parental expectations of their children. Parallels could perhaps be drawn with shared care too. Middle class parents took more initiatives in arranging care and managing non-kin relationships to do this. They also sought more individualised qualities from group care. But these are only differences of degree. In any case, there were some working class fathers such as a taxi-driver and a monumental sculptor whose jobs gave them considerable autonomy, whilst some middle class fathers felt constrained by bureaucracy.

A group of 22 fathers was identified as highly engaged in work, because they worked over 45 hours a week, liked their jobs and disagreed with a statement that fathers should be able to work shorter hours. 16 of the 22 were middle class ($p < 0.05$). There was a weak indication that fathers working long hours tended to have a lower family commitment, in that half of the fathers working less than 45 hours per week agreed that it should be made easier for fathers of young children to work shorter hours, but only one quarter of those working over 55 hours per week agreed with this ($p < 0.1$). Interestingly, for wives the position was reversed. It was those whose husbands worked long hours who were more likely to wish it were easier for

husbands to work shorter hours. The tension inherent in this position was exemplified in some families where the women regretted their husbands' frequent or prolonged absences in the evenings, but the men saw extra work hours as an integral part of their career or as necessary financially (cf. Edgell 1980). Of the 24 couples who admitted to a source of unhappiness in their family, 11 mentioned fathers' work hours or pressures. A few working class fathers had changed their jobs partly so that they could spend more time with the children. In some cases, this had made it possible for their wives to go out to work in the evenings. The lack of career structures and lower training investment for some working class fathers meant they could feel more able to alter the overall timing of their work by changing jobs. Middle class fathers would stand to lose pay, seniority and accumulated benefits, so that their work hours and timing had usually remained stable or else increased in length since parenthood. On the other hand, middle class fathers generally had more flexibility to adjust the day to day work timetable of their present job to help with child care on some occasions.

Mothers' work sequences

Mothers' absences at work varied much more than fathers' in length and continuity, and so were much more significant in affecting differences between families in shared care patterns. Mother's work was not the main reason for sharing care in the majority of families and was not prominent among reasons for group care, but when mothers did share care for work reasons this was usually for a much higher frequency and duration than occurred for other reasons.

It was not possible to identify two sharply defined groups of working and non-working mothers. Firstly, there was some uncertainty about what constitutes work. Some mothers were engaged in activities like childminding, typing at home or doing a Ph. D., which may or may not be regarded as "work", depending on one's viewpoint. When asked about their work, Mrs. Kerr included her typing, but Mrs. Crawford did not. For this research it was decided to include all paid activities as work. Secondly, there was a wide continuum of hours worked. Many women who did work had jobs with short hours, so that their work could be fitted in with care which involved minimal disruption for the child. Many chose to work during the time when their husbands would be home to look after the child. In such cases, the child's care experiences and settings differed little from that of a child with a non-working mother, except perhaps in spending more time alone with the father. A third consideration was that mothers often moved in and out of the labour market, so that adjudication to a category or "working", or "not working" at any one time may misrepresent their situation. Therefore, understanding of women's work needs to take account of sudden and regular discontinuities over time. Much research on day care and working mothers has simply considered mothers' work at a specific point in time, but we shall try to consider sequences of mothers' work during early childhood.

All but six of the mothers had continued to work full-time after their marriages until their first pregnancy. This is now the general practice (Moss & Fonda, 1980b). As some mothers had not returned to work at all since having children, women's occupational

ranking was determined by their pre-motherhood jobs. 80% of these fell into the Registrar General's categories of II or IIIN, which was true of only 44% of the men's jobs at the time of interview (Table 11-1). Nearly all of the fathers were still in the same category of work if not the same job, so that the time difference does not invalidate this contrast in range of jobs. Just as some fathers had greater experience of children than their wives, so several mothers had higher qualifications or a stronger liking for their job than their husbands. But in none of these families had the possibility of the mothers working and the father staying home been considered. The Whighams* had toyed with the idea, because of Mrs. Whigham*'s greater earning capacity. They eventually decided against it, ostensibly because it was thought Mr. Whigham* would have enjoyed and been good with care of the baby, but would have neglected the housework.

8 mothers stopped work only briefly for the birth of their first child and then returned to work. Amongst the other 55, a few had missed work very much when they stopped and a few relished getting away from work which had been boring or unpleasant. The majority were intermediate. They recognised both gains and losses. The things missed about work were primarily social and personal. Two thirds of the mothers said they missed friends or company at work. The gains were mainly emotional and physical, particularly getting away from the time pressures and routines of work life. Although a majority of mothers recalled giving up work as incurring restrictions of social activity and activity space, a smaller number welcomed greater personal control over the nature, timing and location of their activities.

Reactions to stopping work were not simply related to the number of years worked per se, but depended on the balance of personal satisfactions between working and life with a young baby at home. Some women had had a long period of enjoyable work, but they welcomed the chance to do something different or found new rewards from looking after a baby. On the other hand, several mothers had felt acutely the loss of companionship, status or opportunities for self-realisation. Sometimes this had resulted in depression or a sense of enforced dormancy - being "a cabbage", as several mothers expressed it. Mrs. Powell described how at work she had "thought as a person, as opposed to thinking as a woman. That has been completely cut off from me". Mrs. Finlayson felt that conversations between mothers were restricted in range and "I would still like to channel part of myself into something quite different". This could change if new local friends were made. For instance, Mrs. Kerr's initial dissatisfaction at being at home later developed into gratitude for more free time and independence. Mrs. Balfour was initially not happy, but later built up a good network of friends and now had no regrets. On the other hand some shy or "protective" mothers had remained quite isolated. Moreover, some mothers were glad at first not to have the pressures of work, but subsequently became frustrated at home and so obtained or looked for a job again.

Of the 40 mothers with children older than the key child, two thirds had worked at some point since the birth of the first child, so that refraining from work throughout the child-bearing period was the position of a minority only. Well over half the mothers (38=60%) had done some form of paid employment between the

birth of the key child and his or her third birthday. Of these, 24 were still working at the time of interview (38%). This shows how a synchronous approach to measuring proportions of mothers who work would omit a considerable number who had worked since the birth of the child but had subsequently stopped. Many of those who had stopped work did so when a new baby was expected. A few had tried working again and found they preferred not to do so with young children. Others had deliberately done short term work, perhaps recurrently at the request of their employer. Therefore, one of several important distinctions which can be made with respect to mothers' work is between "continuous workers" (i.e. those who had worked regularly since starting work after the birth of the key child) and "discontinuous workers" (those who had started and stopped, or just worked briefly).

It seemed that many mothers had returned to work sooner than they anticipated. Fewer than half of those who had worked before the child was 3 said they had intended doing so at the time of birth. Very few mothers had gone back to their previous job within the 7 months post-natal period for which the Employment Protection Act was relevant (cf. Daniel, 1981; Elias, 1980). Indeed the modal age of the child for return to work was in the second half of the first year. Nearly all the mothers had either started work before the child began going to group care or intended to wait until after the start of school before working. Many fear that group care may be "abused" by parents in order to work and others make a case for group care provision largely in relation to working mothers, but group care as presently organised did not play a part in the decisions about mother's work in the great

majority of families.

Mothers' overall work sequences since the birth of their first child may be summarised in five groupings as follows (N=63):-

	<u>MIDDLE</u> <u>CLASS</u>	<u>WORKING</u> <u>CLASS</u>
A. Never worked since first child was born	15	5
B. Brief or locum work only	6	5
C. Worked between children, but not subsequently	2	3
D. Regular work at home or evenings, nights, weekends	5	10
E. Regular daytime work for some hours outside the home	5	7.

The importance of evening and night work particularly for working class mothers is clear. Earlier research has shown that the relationship between social class and the proportion of mothers who do paid work is not straightforward. A higher proportion of working class mothers than average return to work after having children, but so do more of those with higher educational qualifications (Hunt, 1968; Waite, 1980). In this study, more of the working class mothers had worked at some point since the key child was born (22 = 73%, as against 14 = 42% for middle class mothers). On the other hand, most of the mothers who had worked before the child was a year old held professional jobs. Half of the mothers with a further education qualification had returned to work, but only one third of other mothers. Most doctors and nurses had gone back to work, because of their career and

vocational commitment plus the availability of part-time or night work in the Health Service. Not only had more working class mothers started work after the first year, but more had stopped again too, so that the proportion of mothers working at the time of interview was similar in both classes (two fifths).

Mothers' Work Situations

Only 4 mothers were working full-time according to the D.H.S.S. definition of over 30 hours per week. It was therefore more helpful to distinguish "short hour" mothers who worked under 12 hours per week from "long hour" mothers who worked for 12 or more hours per week. At the time of interview, 15 mothers were working short hours and 9 were working long hours. 14 mothers worked mostly or completely in the daytime. But 3 of these worked at home, so that less than half of the working mothers did daytime work away from home, which would therefore necessitate sharing care. 42% of working mothers (ten) worked an evening or night shift, as opposed to 11% of fathers. Nearly half of the non-working mothers said they were interested in working in the evening but could not find a suitable job or were prevented from doing so by their husband's evening commitments. However, overall fewer children had mothers regularly absent in the evenings for work reasons than fathers (12 mothers, 26 fathers). The high proportion of mothers who worked short and/or unsocial hours reveals how difficult it is for mothers to obtain a "normal" work pattern which is compatible with their domestic responsibilities. It is also a sign of the strength of the child primacy value, in that many mothers deliberately worked when **existing** care arrangements (perhaps slightly adjusted) made it

possible.

It is well known that most women in general have poorer job prospects than most men. Their careers may be further handicapped by the interruption which follows motherhood so that they may well have to work in what constitutes a separate labour market from that of men (Blackburn & Mann, 1979; Mackie & Patullo, 1977). Several respondents who had previously been clerical workers had taken on lower status jobs (chiefly cleaning), so that their hours fitted with their child care requirements. Middle class mothers had either found professional work with convenient hours or did not consider lower status work as a possibility when assessing when to return to work, but some working class mothers felt they had no alternative. A few middle class mothers had "converted" leisure or voluntary activities into work by pursuing it in a more structured way for reward (e.g. Keep Fit teaching, home sewing, sale of handicrafts). Just as S.Parker (1973) has characterised some men's leisure as an extension of work, some women had developed work as an extension of leisure. This results partly from the fact that more ingenuity may be needed for women to develop work practices which fit with shared care arrangements. More positively, women may have greater opportunity than men to develop an earning capacity from a leisure activity. Two mothers had done the opposite, namely to adapt a former work skill to the home situation (i.e. typing).

Women's work was much more localised than men's. Child care responsibilities limit the time and distance they can be away (Tivers, 1978a). Half of the mothers worked in the same local area as they lived (cf. 1/6

fathers). Many mothers worked at home or alone, so few had significant contacts with colleagues outside work (8 mothers or 13%, compared with 59% of fathers). Only two children in the whole sample had frequent contact with someone from their mother's work. This helps explain why mother's present colleagues hardly ever acted as carers, though a fair number of former colleagues had done so, mostly on an occasional basis.

There have been many studies which looked at the reasons why mothers work (S.Ginsberg, 1976; Siegel & Haas, 1965; Yudkin & Holme, 1963). It is assumed that fathers do so because they are expected to. This study fitted with the general findings that mothers give a combination of explanations for working (P.Moss, 1980). It also demonstrated that a woman's or couple's ideas about whether to work or not, like actual employment, can fluctuate over time and according to circumstances. Money considerations were often important, but seldom constituted the sole factor. Usually, there were also either push factors like boredom at home or pull factors such as commitment to the work content or to a career. Mrs. Sim* and Mrs. Robertson* described their return to work as an "obligement" to their employers. Most working class mothers stated finance and social contacts as the main factors in their return to work. It was only middle class mothers who mentioned the inherent qualities of the job. A small minority of mothers had largely taken it for granted that they would return to work as soon as possible. Mrs. Mitchell described how she had reached motherhood with two contradictory but compartmentalised assumptions. One was that she should settle down happily to care for her children full-time and the other was that she would make use

of her expensive medical training by carrying on work. In contrast, many mothers assumed they would not return to work because of strong values about maternal responsibility and/or concern not to impose on carers or lose their child's loyalty to others.

However, commonly the decisions about whether or when to return to work were not definite or immutable. They were affected by reactions to parenthood; changes in home circumstances; work or care factors; and negotiations with husbands. Mrs. Barker had every intention of going back to work with her second child as with her first, but her son seemed too delicate to be left with a childminder. Mrs. Munro* actually went back to work for a few days, but then found she missed her son too much to carry on. On the other hand, Mrs. Page had not expected to go back to work, but did so when she became a single parent following her divorce. Both Mrs. Griffin and Mrs. Forbes said they only went back to work (the former permanently, the latter to do a locum job), because MM was free and willing to care for their children. Mrs. Hunter had hesitated about going back to work when her second child was born, but the scales had been tipped when her older daughter's childminder offered to look after the baby for her. Mrs. Traynor* was in the opposite position, because MZ had cared for her older son, but was now working and so could not look after Sheila. As a result, Mrs. Traynor* did not go back to work. Mr. Jamieson* and Mr. Baxter* actively encouraged their wives to work while they were at home, but Mr. Urquhart* found the responsibility of coping with the children too much, so his wife stopped work. Furthermore, mothers who worked long hours might build up gradually and not share care at first.

Mrs. Nichols* had done dressmaking for profit at home for some time before she started doing similar work in a factory. She appeared to go through a process of deconditioning her anxiety about sharing care of Winnie, who had herself shown no qualms about separation. Mrs. Ogilvie* had first started work whilst her husband was home with the baby. Later they used a childminder.

When asked to state the good things about work, the proportions of working mothers who included work conditions (71%), work content (63%) and interpersonal relationships (54%) were almost identical to the proportions for working fathers. However, there were differences in detail. Suitable hours were important for both, but meant different things. For fathers this meant hours which allowed more free time and/or greater opportunity to be home and with the family, whereas for women it meant hours which fitted with convenient child care arrangements and so facilitated their **absence** from home. There were many examples from both fathers and mothers, where each appreciated the chance to spend less time at the place which otherwise dominated their weekday daytime. Women generally mentioned fewer bad things about their work than men and only one mother actively disliked her job. This may be partly because part-time workers expect less from work and in some cases the social benefits are more critical for them than the work conditions (Beynon & Blackburn, 1972). To some extent, although mothers' work is often limited in range of choice, they do have more selectivity about not working if there is not a job that suits them. The main differences in the types of complaint about work were the greater difficulties for women which resulted from fitting work

with domestic obligations, and the greater importance to men of interpersonal or organisational problems at work. Mothers doing cleaning jobs resented the low status and/or unpleasantness involved. Mrs. Baxter* became a cleaner because the hours fitted with her husband's availability to care, but would have preferred to return to her former work, because otherwise "you are not really using your brain, are you?".

Mothers' work in the context of family and network characteristics

There were only a few indications about how mother's past life experience (apart from class and education) might have influenced their return to work or not. Whether MM had worked or not, when bringing up children did not seem to have made any difference statistically to mothers' disposition to work although previous research has shown that daughters of working mothers are more likely to work themselves (Rallings & Nye, 1979). However all but one of those working long hours had had mothers who worked when they were children. They were also especially likely to have felt that their childhood experience influenced them towards wider sharing care and/or greater independence for the child. None of the mothers who had had their first child at a young age had returned to work ($p < 0.05$).

Mothers' work patterns did not seem generally related to the child's sex or sibling status, with the important exception that no mother working long hours had a child younger than the key child. To have two very young children could make sharing care more difficult. In addition long hour working mothers may be less likely to have two children close together in age.

Attachment theorists have sometimes generalised from findings about reactions to institutional care and the strange situation to suggest that mother-separation is associated with more anxious and less affiliative behaviour in children (Blehar, 1977). It has been feared that this might apply to children with working mothers (S.Cohen, 1978). This sample suggested that on the contrary mothers who worked hours which required substantial amounts of shared care did not have inhibited children. All the ten mothers who had shared care for work reasons in the first year of the child's life had socially confident children ($p < 0.01$), as did all of those currently working outside the home in the daytime. No problems of behaviour or development were reported by the parents in families where the mother worked in the daytime. Shy children usually had non-working mothers or mothers who worked for short hours in the evenings. As with the similar association between low care frequency and shyness, the direction and nature of causation (or the possibility of extraneous factors explaining the association) must remain uncertain. It is possible that children whose mothers work have a wider experience which enhances sociability or that mothers of temperamentally shy children are less inclined to work unless this is still compatible with care by one of the parents.

Mothers' work in itself was not related to network contacts, but daytime working was to some extent. Children of middle class working mothers had significantly fewer "friend-neighbour contacts" in the diary fortnight than those of non-working mothers ($p < 0.05$). The difference was small for working class families, however. It may be that those mothers with few outside contacts are more motivated to work, but

also several parents commented that daytime working results in less opportunity to cultivate local friendships. However, the children of both long and short hour working mothers had a similar pattern of contacts with other children to those of children with non-working mothers.

Mothers' work and sharing care

In about half the families in which the mother had worked, care of the child had been retained within the nuclear family while she did so. This is consistent with other research (Table A1), but runs counter to the common stereotype of the "working mother". In a few cases, the mother worked at home or took the child to work, but by far the most common arrangement of all was for the father to look after the child. Over a quarter of all the families (18) had used regular internal sharing at some time so that the mother was able work. 9 were doing so at the time of interview (i.e. one in three of those with a working mother). Care by fathers was nearly always used for mothers to work short hours in the evenings, at night or during the week-ends. All the mothers who worked at such times used their husbands as the regular "work carer", though occasionally relatives acted as a back-up or relief carer. It was more common for fathers to care for the child while their wives worked in working class families than in middle class families. This was because fewer of them had work commitments in the evenings and their wives were generally more willing or able to take on the kind of work available in the evening or at night. Couples who relied on care by the husband in order that the wife could work were concerned to minimise the child's separation from parents and keep a

familiar routine. In this respect, they therefore differed little from families with non-working mothers.

Care by fathers has the great advantages of compatibility with values of parent responsibility, child primacy and not imposing. It also puts limitations on mother's choice about work, because in nearly all cases the wife had had to find a job which fitted with her husband's existing hours of work rather than vice versa. Mr. and Mrs. Inglis provided a rare example of a couple trying to implement an ideal of more equal sharing. Mrs. Inglis had in fact looked after their children much more, but Mr. Inglis had reduced his working week so that he could be home during some of the daytime when his wife worked. Mr. and Mrs. Miller had also approached a similar practical arrangement, but this had not been planned from the start. Mrs. Miller had begun working in their shop for part of the day in order to relieve the work pressures on her husband. He looked after the children while she did so.

The importance of father care in permitting many mothers to go back to work meant that there could be a trade off between father's and mother's work hours. 3 working class fathers had changed from evening shift work to daytime work, thereby releasing their wives to work in the evenings. The men were pleased to be home more and the women glad to get out of the home more. Mrs. Taylor* had been very depressed when her husband was out working every evening and was much happier now she had a job instead. On the other hand, 3 fathers did second jobs which made it impossible for their wives to work using internal sharing, even though all 3 had some yearnings to do this.

Of the 24 mothers working at the time of interview, only half (12) shared care externally for this purpose. Over the 3 years the main "work carers" had been relatives and paid childcarers. Au pairs and childminders had mainly looked after children when the mother had worked continuously for long hours, as had some of the relatives. Nearly all those mothers who had worked briefly or occasionally had used relative carers. The importance of relatives was much more marked before children started at group care, because in several cases group care attendance had partly or wholly obviated the need for care by grandparents or MZ. It has been argued that the increase of working grandmothers reduces their availability for care when mothers work (Hunt, 1968) but nearly one fifth of the sample had used grandparent carers while mother worked at some time. The fact that women often work part-time or episodically meant that quite a few mothers and grandmothers had dovetailed their arrangements. Sometimes the grandparents were retired or had not been working anyway. Just as important a restriction on the usage of relatives for work-care was the sense that "it's not really fair to ask my Mum or Dad to look after the bairns is it - for us to go out to work?" (Mr. Baxter*). Some parents expressed the view that grandparents had already brought up one family and were now entitled to use their time as they wanted. Although friends and neighbours provided frequent, briefer care for other reasons, there were very few instances of sharing care with them for work mother's work, largely because of fears of imposing and the difficulty of reciprocity.

For certain kinds of families, especially those with relationship or economic problems, single parents, or those fortunate enough to have access to work creches, group care is evidently very important in assisting mothers to work. There is also considerable evidence that many parents desire greater access to group care in order to work (Hughes et al., 1980). However, in this sample of relatively stable two parent households, group care was critical for mother's work in very few cases. One third of the children with a mother working when interviewed (8) were at group care while she was working, but 6 of these spent time before or after the group session with other carers, because group care hours covered only part of the time that the mother worked. Furthermore, all but one of the mothers concerned had been working well before the child started at group care and had not been influenced to work by the prospect of using group care. Two mothers were looking for work now that their child had started at group care. Sometimes, nursery school or playgroups had made mother's work arrangements easier or cheaper and some would have preferred earlier or longer group care, but on the whole entry to group care occurred subsequent to and independently of mother's return to work. Children went to group care at a similar age and for similar reasons whether they had "protective" mothers, working mothers or high sharing non-working mothers.

There was no difference among non-working, short hour and long hour mothers with regard to their usage and preferences as between nursery school and playgroup, their reasons for using group care or the age at which their children had started group care. However, nearly all mothers who worked long hours had

a preferred starting age of before 3, compared with only one third of non-working mothers and just under one half of short hour working mothers ($p < 0.01$). This was not necessarily just to help the mother work, for some simply thought the child would benefit and enjoy it earlier. Most of the mothers who worked in the daytime supported full day group care, but those working in the evenings or at nights usually resembled non-working mothers in their opposition to this.

Overall care patterns and processes were not determined by the mother's employment status, because the timing and hours of work varied so much and had differing implications for sharing care. An important distinction became apparent between those mothers who work for short hours or at times and places which permit fathers or the mothers themselves to care for the child, and those mothers who work for longer daytime hours and so require external sharing care. The former did not differ from non-working mothers in the size and nature of their carer sets, nor the demands placed on it. The latter, on the other hand, mostly shared care for the highest frequency and duration, nearly always with paid childcarers or relatives and not "friend-neighbours". Long hour working mothers usually had a small carer set, because they were less likely to need care additional to that provided by the main carer. They were also less available for the multiple daytime swops. Mothers' work in itself was not necessarily associated with frequent shared care, since in many cases mother or father looked after the child while mother worked. A few low-sharing families included mothers who had worked briefly or in the evenings. But daytime care outside the home did give rise to the greatest number of sessions which children

spent apart from their mother, at least before they started at group care. Equal numbers of children from both classes spent a high number of daytime sessions apart from parents because of mother's work. This is because the small excess of working class mothers with jobs was due to the higher number working in the evenings.

Mothers who worked were asked what effects they thought their work had on the child. 11 felt there were no significant effects. 12 felt the child benefitted and 1 reported that the child was upset. Some benefits derived directly from a closer relationship with the father as caregiver. The shift in role allocation consequent on mother's evening work was illustrated by Mrs. Baxter* - "Derek has seen a lot more of his father since I've started work". Mrs. Brown* considered that "they've got to know their dad much more, because he's the only one here on Sunday". Several parents thought that their child had gained from the extra love and attention of grandparent carers or childminders. Other benefits arose indirectly from improvements in mother's morale and so in her responsiveness to the child. For instance, Mrs. Mitchell thought that the time she spent with Mary was more loving and concentrated than if she were not working. Of course all these positive perceptions may be affected by wishful thinking, but they were consistent with other information about the child given in the interview. Normative pressures could mean that long-hour working mothers made special efforts to optimise their interaction with their children. Mrs. Hunter explained "I do have to try hard. I feel I've got to prove something to myself and the world". All the parents who used a childminder or au pair for care in the main

sample felt the child had benefitted from care, which contrasts with most research findings on paid childcarers among more disadvantaged families (See Chapter 3).

None of those parents who were working long hours had said they had current worries about the child's behaviour or development, but one third of non-working parents had reported worries. Working mothers may be less sensitive to the child or less anxious, but also their children may be less inclined to have problems that worry parents such as shyness or nervous behaviour. Only one of the 15 children whose mother had started work before he/she was a year old had had difficulty in adapting to group care. By contrast just over one quarter of those children whose mothers had not worked at all or started work only after the child was one year old did not mix easily when they started at group care.

Attitudes and beliefs about working mothers

This was one of the few issues on which there were notable differences between mothers and fathers. Some parents were careful to individualise their comments about working mothers according to hours of work or particular care arrangements. However, many expressed a stereotyped view of working mothers as working full-time and probably using a childminder or day nursery. In fact, this image applies to only a small minority of mothers who have worked, both in this sample and more generally (Fonda & Moss, 1976). Some mothers who worked short hours or not in the daytime or at home did not feel that they belonged to the category of "real" working mothers which attracts

opprobrium.

A small but significant number of parents saw mothers' work as positive without qualifications, but a large majority were opposed to the idea of mothers working before the child was five, except in specific circumstances which will be described below. Rather more fathers were against this than mothers. Only 7 fathers gave unqualified support to the idea of mothers with young children going out to work. Most of the remainder either preferred mothers to be home until the child was at school (25) or supported mother's work only when certain neutralisations applied (28). A similar patterns was found by Marsh (1979). Some fathers restated traditional values, like Mr. Shaw* who said:-

"I always thought that a woman can watch the bairns and a boy goes out to work. () For me there's got to be a breadwinner that's for sure."

Both fathers and mothers usually invoked the needs of the child in arguing against working mothers. The common values in favour of the primacy of children and against imposing on carers meant that it was seen as selfish for mothers to work for their own satisfaction or arrange care in order to work. However, it was more acceptable to take advantage of existing care arrangements such as evening care by fathers or group care in order to work. Mrs. Traynor* said:-

"I thoroughly enjoyed the two years I worked with Michael when he went to nursery, but I wouldn't have went out before he went to nursery. I wouldn't have given him to anybody to get back out to work again. () It would have been an awful burden to someone else. I would have felt I was being selfish - putting him onto someone else to go out to work. I don't think it's right. Other people have got their own lives to lead."

Several fathers who were themselves following professional careers which kept them away from home more than most particularly resented mothers who did the same. They saw "career women" as not needing to work from financial necessity and so putting themselves before their children. Mr. Davies thought that:-

"being a parent is a career in itself. And the children need you most when they are young. And going out to work involves dereliction of your duty."

Despite the ambiguous references to "parent" and "you", this was only to apply to mothers, of course. Similar assumptions underlay Mr. Cairns concern "at somebody who is pursuing a career at the expense of a child".

The most frequent neutralisation which respondents thought justified mothers working were financial necessity (including poverty and single parenthood), retention of care within the nuclear family or perceived shortness of work hours or episodes. Mrs. Purdie* explained that "I don't really agree with mothers working, but it does depend on whether they have to". It might have been anticipated that fathers would feel their own competence as breadwinners threatened if their wives worked from financial "necessity". On the contrary, this was the most acceptable reason for working, though the meaning of necessity could be quite flexible. In several interviews, the mother had spent some time describing the personal and social benefits of work, but her husband insisted that money was the main factor and perhaps she would eventually agree. Financial necessity as a reason for mother's work implied that the family was deviating from mother's near total care of the child involuntarily. In addition the personal costs to women of providing

care while fathers worked were masked by pretending that the only disadvantages for the mother of staying home were economic ones. To admit that the mother's motivation to work was mainly personal would undermine adherence to the notion that traditional motherhood is rewarding (Boulton, 1983). This was made explicit in the following disagreement:-

Interviewer (to Mrs. Johnstone) "What would you say were the main reasons that you went back to work?"

Mr. Johnstone "Financial"

Mrs. Johnstone "Was it?"

Mr. Johnstone "Well, I think that's why you go, isn't it?"

Mrs. Johnstone "I doubt it. I only get a pittance"

Mr. Johnstone "Why don't you pack it in, then?"

Mrs. Johnstone "What am I? Do you want me to just talk baby, baby, baby all the time. At least I get to see people (at work). I just like keeping up with my profession"

Despite this common belief and/or value that mother's work mostly resulted or should result from financial need, this was not so in any absolute sense. There was a slight tendency for more wives of low earning fathers (under 140 pounds per week) to be working, but the relationship was not statistically significant. Even so, it was particularly those wives of low earning husbands who gave money as one reason for working and as one of the good things about work, whereas only one working wife of a high earner did so ($p < 0.1$). Mothers' earnings were important for the families concerned, but rarely affected the major

differences between families in overall earnings. In only three families did the mother provide more than 40% of the couple's joint earnings and just two families were raised from low to high earning status by means of mother's earnings.

Fathers' attitudes about mothers working seemed much more related to their wives actual work patterns, than to class. It has been found in interviews with working wives that most husbands are seen as ambivalent or hostile to their working, with the possible exception of evening work (S.Ginsberg, 1976). In this study, when husbands were asked directly about their wives' work, one third of the men with working wives were unreservedly favourable to the idea. A similar proportion were not keen on mothers working in general, but did not mind their particular arrangement, which was usually for the father himself to look after the child. In addition, 3 fathers had not been keen originally but had come to accept it, 2 would have preferred their wives to stop working and 2 thought their wives were working only out of financial necessity. By and large, the more hours the mother worked, the more positive the father was likely to be about working mothers ($p < 0.01$). Rapoport & Rapoport (1971) reported a similar association between continuity of wives' work sequences and supportive attitudes of husbands. Sometimes the husband and wife in a dual worker couple held similar and mutually supportive values, whilst in other families the father's opposition had been modified when they had seen that there were no ill-effects. Mr. Villiers* said

"When we had Simon, I didn't want Thelma to go back to work at all. At the time, I felt, well ... for children, it's my place to keep 'em and it's her place to watch 'em

while I'm out working".

Nonetheless he came to accept it, because "the money would be handy" and "if she was just sitting about the house now, she'd just crack up". There were some families where father's attitude did seem to block a mother from working - generally where she had mixed feelings herself. Mrs. Sinclair* stressed in one part of the interview that she had no desire to work as she had considerable freedom to go out in the evenings while her husband was home. But later she suggested that another reason she blocked off the idea of working was that:-

"it would cause so much fuss. () You have a very old-fashioned attitude - your dinner has to be ready on the table when you come in the door. I mean I could go out to work as long as you were not inconvenienced."

It would be wrong to imply that men were always more opposed to mothers working than women. Several husbands gladly looked after the children when their wives worked, because they acknowledged that there were frustrations to being home all day and they wanted their wives to have more freedom. On the whole it did not seem that many fathers were keeping mothers at home, for only slightly fewer mothers than fathers approved of daytime working. This was not an issue with a simple sex-based polarisation and often there was evidence of subtle negotiations in which both parents worked out a compromise based on attractions of and misgivings about the mother working (cf. Spitze & Waite, 1981). Mothers who themselves worked in the evenings or at night were akin to the majority of non-working mothers in their generalised beliefs that mothers should not work in the daytime. A few

non-working mothers supported the rights of others to do so. But many of those who did not work in the daytime had (sometimes vehement) generalised antipathy to those who did. By contrast, daytime working mothers usually expressed individualised values, that it might suit some people to stay home, but for them and their families it was best to work. This was merged with a belief that the particular care arrangement for that child was satisfactory, though other forms of care might not be. Those mothers in favour of their right to work included some with a strong internalised sense of guilt about it.

The majority of parents agreed with a statement that it harms children if both parents work full-time, although twice as many mothers as fathers disagreed or had mixed feelings. This generalised causal belief was clearly widespread and influential, even though research has cast doubt on its validity. It was often supported by anecdotes of having witnessed poor care or memories of one's own mother being rushed, tired or unhappy because of work. The harmfulness of mother's work was attributed to inadequate substitute care, the child's assumed feelings of rejection, withdrawn behaviour or insufficient maternal attention and love for the child. This was premised on the assumption that only a mother could meet a child's needs, so that a carer's contribution to the child was disregarded or seen as automatically detrimental. Mrs. Laurie asked rhetorically:-

"What affection is (the child) going to get? (The mothers) are not really going to know the child. To me, that's cruel."

Some parents found it hard to express what harm was done and made statements like "it must affect them".

Dissent from this general belief usually occurred in families where the mother did in fact work long hours, for the views of those working short hours or evenings/nights were again similar to those not working at all.

The belief in the harmfulness of mothers working would seem insufficient to explain the general hostility. Otherwise single parenthood and financial necessity would have been inadequate neutralisations, because the effects on care of the child would not be automatically different compared with families where mothers work for other reasons. This is not to deny that mothers' (and fathers') work does not raise important issues concerning child care, but it may be that condemnation of mothers' work as selfish may be reinforced by feelings of sacrifice made when mothers do not work or do so at awkward times of the day.

"Non-working" mothers

Just as "working mothers" are often assumed to be a unitary group, so are non-working mothers. But here too important distinctions need to be made, in addition to the fact already noted that many non-working mothers have worked and stopped since their child's birth. The attention of society and of social scientists has been generally focused on why mothers work and with what consequences, but as a majority of these mothers of young children had worked in some form since the child was born, it was equally pertinent to ask why some mothers had not and with what consequences. The positive and negative factors which restrain women from working at all or from working long hours are intimately linked with the frequency of

shared care. Therefore, in this study, mothers who did not work away from home for a substantial part of the daytime (54 mothers) were asked about the reasons, benefits and disadvantages of this.

The majority of these mothers (38 = 69%) said that one of the benefits of being home in the daytime was the child's happiness or security. They could give their children more time and individual attention. Some mothers had not originally thought it would be important for them to stay home, but like Mrs. Balfour did not return to work "because my views of what a small child needs and contributes have changed so much". To working mothers, it might seem unreasonable to gear their lives to the exceptional, for which they thought they could make necessary arrangements when the occasion arose. However, several mothers at home felt that they ought to be available when the child was at group care or school, in case of illness or an emergency and to provide day to day reassurance for the child. This could be supported by a memory of being glad that one's own mother "was always there".

A similar proportion (two thirds) mentioned benefits to the mother from being home. The most important of these benefits to mother was a wish to be with the child and/or pleasure at observing the child's development. Mrs. Nairn* "wanted to see her ... you know ... first steps and things". It was not uncommon to pity working mothers for missing the details of children's life and maturation. Some mothers felt they gained free time, autonomy and less tiredness compared with working mothers. It certainly did not seem to be the case that the mothers were bound to the home simply for the sake of the child, as some feminists have

asserted. Oakley (1974b) has made important points about the often demanding and alienating nature of housework, but it is not always resented as even her own respondents demonstrated. Mrs. Edwards said "I enjoy doing the things you have to do at home, looking after children and doing the cooking and sewing". Moreover, being a housewife-mother entailed much more than housework, so that the overall range of activities could be satisfying. Mrs. Buchan said that it "took a bit of adjusting, because I was quite committed to my work, but I found I could commit myself to this and find it equally satisfying". Mrs. Boyd felt "privileged that one can be a full-time housewife". A few mothers went further and described motherhood as their career, which is "terribly underestimated" (Mrs. Ormiston*). Oakley (1974a) has argued that such comments are the product of socialisation processes which offer women little effective choice. There was indeed a fear that to combine outside work and domestic responsibilities would result in overload. This may be realistic, given the kinds of arrangements currently open to working couples (Rapoport & Rapoport, 1976, 1978).

There were fewer complaints than perceived benefits of being home, but three quarters of the mothers did see disadvantages. The most important were lack of company, boredom, being tied to the home and having less money. Half of those mothers who did not work in the daytime expressed some feelings of isolation or lack of stimulation. Citing lack of company as a disadvantage was particularly common for working class mothers, half of whom mentioned it ($p < 0.01$). This fits with other research findings about greater isolation among working class women (e.g. Gavron, 1966) and also the pattern of low social contacts seen in some

working class families in this study. On the other hand more middle class mothers said they were bored or lacking in stimulation. This may be just a different way of expressing similar feelings, but it did seem that more middle class parents noticed a lack of intellectual challenge, whilst working class mothers were more often missing social interaction. Middle class mothers also seemed more likely to be conscious of a stigma attached to being "only" a housewife and having "boring" subjects like children to talk about. For example, Mrs. Gunn said that "my brain has curdled".

Comments about the disadvantages of being home were used to distinguish those who acknowledged some form of boredom, loneliness or tension (partly-dissatisfied) and those who did not (satisfied). The dissatisfaction is qualified as partial, because usually these mothers also said there were pleasures from being home in the daytime too. Just under half the mothers who did not work long hours were classed as partly dissatisfied. A significantly higher proportion of satisfied mothers at home had shared care at least weekly. Yet partly dissatisfied mothers had similar levels of contacts with kin and non-kin to those of satisfied mothers and did not spend any more time alone with their children, on average. Thus it is possible that the dearth of occasions without child care responsibilities to be found in low sharing families may contribute directly to dissatisfaction at home, as much as isolation itself. Partly dissatisfied mothers were more likely than satisfied mothers to want an early start to group care and to want both group and non-group care to give them a break from the children.

There were no class differences in the proportions of partly-dissatisfied mothers, but there were more working class mothers who had worked and so also more middle class mothers who were happy at home. All save one of the partly dissatisfied mothers who had never worked had shy children compared with well under half of other mothers ($p < 0.001$). A high percentage of the children of the partly dissatisfied mothers were very anxious or clinging. ($p < 0.01$). This supports the suggestions by Yarrow et al. (1962) and Hock (1980) that it is the children of parents dissatisfied with their role whose development may be hampered and not those of mothers who are happy to be at work or at home. However, the association between (dis)satisfaction at home and shyness disappeared when care frequency was allowed for. Children with low frequency sharing tend to be shy whether their mothers are happy at home or not, and the reverse applied in relation to high sharing families. So it seems that the prime statistical association of shyness-sociability was with care frequency and mothers feelings about being home were perhaps secondary. There was also evidence that rather more children of partly dissatisfied mothers reacted poorly to shared care compared with others. The highest proportion of children who had reacted well to all forms of care were those whose mothers who had continuously worked long hours.

Maternal employment has been seen by several writers as a means of reducing stresses felt by women (Brown & Harris, 1978; Marsh, 1979; Mostow & Newberry, 1975). On the other hand, some surveys have discovered no differences between groups of employed and non-employed mothers (Aneshensel et al., 1981; Roberts & O'Keefe, 1981). It may be that relief of stress by

employment applies particularly to single parents and those with several social disadvantages. The C.H.E.S. revealed no differences in measured stress for ordinary two parent families (Osborn, 1984). In the present study most of the mothers who mentioned a pressure or source of unhappiness did not work in the daytime ($p < 0.05$). There was thus some support for the idea that work may help mothers worry less, at least about the situation at home. On the other hand, the causal relationship could be the other way, in that less anxious mothers may feel more ready to go out to work in the daytime. In fact M.I. scores were not strongly related to hours of work, although it needs to be remembered that hours of work at the time of interview represented a cross-section of work sequences, which for some mothers did not show that they had worked previously since the child's birth. A minority of all the mothers had M.I. scores of 3+ but this applied to 8% of those who were "satisfied at home", compared with two fifths of both daytime working mothers and partly dissatisfied mothers ($p < 0.02$). This all suggests a complex relationship between maternal employment and anxiety which needs to take account of "role satisfaction". There was a group of mothers with low anxiety who were content to be home with their children. Another group of more anxious mothers were also reluctant to work in the daytime and many of these were more dissatisfied with life at home. The reluctance of these mothers to share care in general means that employment would probably not be an acceptable solution for their dissatisfactions. Daytime working mothers included both a few who were very anxious and perhaps "needed" to work as a result, and some who were content with their arrangements as a working mother.

Parental roles and social activities - introduction

The direct influences of mothers' attitudes and lifestyles on variations in care patterns and processes are probably more obvious than fathers'. It is usually mothers who arrange to share care. In the main it is mothers' activities which account for **differences** in care patterns against a common background of fathers' absence at work. Nevertheless, fathers may have a critical impact on sharing care too, and not just indirectly in the kind of role ascribed to them by many "child experts" as supporters or modifiers of mothers' actions (e.g. Winnicott, 1957a; Illingworth & Illingworth, 1972). Fathers' evening and week-end activities with or without mother may lead to sharing care. Care by the father may be an alternative to external sharing care. It might be predicted that families with high rates of internal sharing would have less need to share care externally. Similarly, the degree of external support available might affect the amount of reliance on internal sharing. This latter proposition is an extension of Bott's classical hypothesis which suggests that families with segregated conjugal roles are more likely to have close knit networks whose female kin members are especially ready to share care (Bott, 1957). Couples with a less dense network would need to rely more on each other. But the opposite is also possible, namely that internal and external sharing are not inversely related. Families with a high level of social and other activities may use **both** internal and external sharing more than others. In this study there were examples of each of these patterns in different families. This highlights that in dealing with parental roles it is necessary to distinguish the degree of jointness of social activity (which is usually reliant on external

sharing) and the level of segregation or intersubstitutability of role tasks (which affects internal sharing of care). The pattern is further complicated by the importance of mother's work. This may cause or be permitted by either internal or external sharing. It is often associated with patterns of care which are different from those of shared care which occurs for other reasons.

Bott thought that close-knit networks and segregation of marital roles were most typical of stable working class communities, whilst loose-knit networks and jointness of roles was more common for mobile middle class families. Later research has qualified and elaborated these propositions (Bott, 1971). It would appear that the kinds of relationship identified by Bott are related to the degree of separation of activities between the sexes in general which affects both marital relationships and broader social interaction (Frankenberg, 1965; Turner, 1969). Moreover, the relation between joint role divisions and loose-knit networks appears less strong than that between segregation and high connectedness (Edgell, 1980). In any case the connectedness of a particular family may not be the same with respect to kin and non-kin. Role allocation within a marital partnership often varies from task to task (Irving, 1977; Platt, 1969). It has been suggested that it is mainly the socio-emotional aspects of marital roles rather than specific task performance which correspond with network density (Toomey, 1971).

Fathers' care of children

Fathers' sole care of the child is singled out for attention partly because it occurs more seldom than mother's sole care and so is more salient, but also because it was a common alternative to external shared care for most of the purposes for which carers were used. Moreover, care by fathers but never care by mothers was described as babysitting, as it served similar secondary functions to those of external sharing. For example, Mrs. Green said "he often babysits in the evening if I am out". Mrs. Ormiston* pointed out how this aligns father care with substitute care rather than parental care:-

"I don't like it when women say "My husband is babysitting for me tonight", because he isn't. He's babysitting for himself with his own children."

Most research has shown that even so-called highly participant fathers do relatively little primary caregiving of children compared with mothers (Beail, forthcoming; Kotelchuk, 1976; Lewis & Weinraub, 1976). It seems that even when both parents are home most fathers spend less time with their children and take less direct responsibility for practical caregiving than their wives (Clarke-Stewart, 1980; Pedersen et al., 1979). More commonly they take over care for brief periods to give mothers relief or else they play with the children which also frees the mothers from direct responsibility for a time (LaRossa & LaRossa, 1981; Parke, 1981; Richards et al., 1977). There have been claims by both respondents and researchers that fathers are now more involved with child care than in the past (Beail & McGuire, 1982; Pedersen, 1980; Young & Willmott, 1973). Unfortunately precise evidence from

the past is lacking so this proposition is difficult to test. In addition widely quoted findings such as that of the Newsons (1963) that half of the fathers in their sample were "highly participant" and Young and Willmott's own tables ostensibly demonstrating symmetry in marital roles have rested on asymmetrical judgements. Unlike mothers, fathers were deemed to be highly involved when they "helped" with care more than occasionally. Nonetheless, there is growing evidence of a strong desire by men to be more engaged with their young children and this is likely to have effects on their actual behaviour (C.Bell et al., 1983; Parke, 1981).

Parents were asked how often the husband looked after the child by himself. For convenience, this will be referred to as father care, but of course it is quite possible for a father to be an effective caregiver while the mother is around, too. About half of the fathers (29) were said to care for the child **alone** at least once per week, whilst 13 (21%) did so less often than once a month. There was only a partial correspondence between these stated frequencies and those revealed in the diary ($p < 0.1$). It may be that father care is not regular or frequent enough for a given two weeks to reflect accurately the "typical" frequency. However, in 17 families both diary and interview indicated that the fathers was caring for the child at least once a week, so such fathers can be described as "definite weekly carers". According to the diary, the mean number of sessions for which children were cared for by father in the absence of mother was approximately 2 out of 42. This compares with a mean of 6.5 sessions for group care attendance and of 2.5 for other types of external sharing. Thus apart from group care, it appears that **on average** it was the father who cared for the child just

under half the time when mothers were not there.

There have been indications from other research that children with highly involved fathers may be more socially confident, particularly with peers (Belsky, 1980; Hoffman, 1961; Lamb, 1976b). The extent of father care in this sample did not appear to influence the children's reactions to care, but children's shyness did show a weak association with low levels of father care ($p < 0.1$).

Most commonly fathers looked after their children alone so that their wives could pursue an evening social activity or attend an evening class. Fathers sometimes took their children out or played with them, partly because both would enjoy this, but also in order to give mother a break. Other important reasons were to allow mother to shop, work, recover from night work or study. Quite a few middle class fathers looked after their children whilst their wives went out to babysit for other families. Some fathers took their children shopping alone, some families preferred to go out all together to do bulk shopping. A number of families deliberately arranged for the mother to do the shopping when father was home in order to avoid external sharing. This was more common for special and week-end shopping, but a few fathers who did shift work or had considerable autonomy over their work schedules were able to be home whilst their wives did routine weekday shopping. As with external sharing, father care for mother to work occurred in a minority of families, but then it usually led to the highest frequencies of father care. When a mother did evening or night work, her husband would normally be alone with the children for 1-5 sessions a week.

It has been a commonplace of sociological findings and theory that working class couples in general have more segregated conjugal roles than middle class couples (Aldous et al., 1979; Newson & Newson, 1970b). It was pointed out by G.Lee (1979) that this applies particularly to social activities and that the contrast is by no means so clear cut for domestic tasks. This study bears out the importance of that distinction. Working class families did include a higher than average proportion of fathers who hardly ever looked after the child on their own, but also a greater percentage who looked after the child for the longest and most frequent periods. This was either because their wives were working in the evenings or because they themselves did shiftwork and so were often home when their wives wanted to go out in the daytime. The increase in part-time work by working class mothers while their husbands are at home would appear to have been an important factor in modifying traditional role segregation in relation to child care. At the same time, the evening demands of many middle class jobs can reduce opportunities for father care. In addition, the greater resistance by working class families to stranger care can lead to more reliance on father care when kin are not readily available. Both interview and diary data showed that more middle class fathers took children out on their own ($p < 0.1$).

The extension of Bott's hypothesis to shared care was not confirmed. For the total sample there was no statistical association between the frequency of external and internal sharing care. This is because the sample included at least four different kinds of family, in which the relationship between care by father and by people outside the family was in opposite

directions:-

1. Families who deliberately used father care in order to avoid sharing care with others, especially for mother's evening or night work.

2. Families in which both parents were home-centred, so that there was little sharing care internally or externally.

3. High-sharing families with a low frequency of father care, perhaps because of high work commitments and/or traditional role expectations.

4. High activity families, where mother care was frequently supplemented both by father care and by external shared care.

All four types were well represented, although the most common type was the last. There were 18 families in which both external and internal sharing occurred weekly. The diaries suggested that a fairly even mix of father care and external sharing was more typical in middle class families, whereas working class families chiefly relied on either father alone or kin only as the main substitute for mother.

Although the general patterns of care showed that father care might be minimal or else additional to external sharing, there were many individual instances of a clear substitutability of the two. Some families deliberately sought to alter their activities to fit with their partner's availability to care, or vice versa, so that they need not call on an outside carer. Mr. Ferguson* said - "Usually, if one of us is going out, then we try to make it so the other one is in". The advantages of father care included less disruption for the child, not imposing on people outside and greater freedom for mother to stay out longer. As with shared care in general, there were instances of functional and

temporal specialisation. For instance, in some families father care was used for mother's work in the evenings or major shopping at week-ends and external sharing for brief daytime shopping or appointments. Despite the preference by many families for father care rather than external sharing when possible, very few fathers were seen as the main carer for a long term hospitalisation of mother.

Decision-making about shared care

By and large shared care was arranged by mothers. This occurred even at times when fathers were home too. This partly springs from the fact that kin communication tends to concern females more anyway and that "local friends" were chiefly mothers' daytime contacts. There were sometimes assumptions that it was up to mothers to arrange sharing care, as they were the main beneficiaries. Mr. Crawford said "She has to get a babysitter, if she wants out". Mrs. Miller complained that she had to arrange evening care herself or she would never go out. But some fathers did initiate care arrangements. This particularly happened with their own relatives as carers or more rarely through someone at their work (e.g. secretaries at the workplaces of Mr. Forbes and Mr. Mitchell).

In some families there were clear disagreements about the frequency of care or the boundaries of trusting carers. Then, either party might exercise a veto over arrangements. Mrs. Tulloch* was willing to ask a teenage girl up the road to babysit, but her husband forbade it. In the Munro* family, however, it was the wife who opposed her husband's wish to ask a teenager to share care. Mr. Ormiston* and Mr.

Crawford bemoaned their wives' reluctance to consider widening their carer set, so they could both get out more together. In other families, it was the father who set the limits. Some appeared to see themselves in a protective role towards their children in relation to strangers or work care. Mrs. Davies said her husband "is usually an easy going man, but he's quite selective about his children and who watches them".

Many fathers did take considerable interest in decisions about the kind of group and the timing of entry, but normally the wife did the preparatory research and arranged the place. The typical pattern was summed up like this:-

Mrs. Miller - "Arranging nursery, that's me. We discuss it, but I do it".

Mr. Balfour "Maureen did the research, and then it was talked over".

Usually, men deferred to their wives' greater knowledge of local provision and the child. Mrs. Clark remarked "It's discussed, yes, but I'm able to interpret their needs more, because I'm home with them". Sometimes, the father did influence the outcome. For instance, Mrs. Chalmers* had wondered about changing Kirstie's group, but Mr. Chalmers* insisted that she went to the same one as her sister had been to. A few fathers had taken more initiative in arranging about group care, because they had relevant work contacts or because English was their wives' second language.

The time parents spent with their children

Care of children by mothers is the background against which the less common and more differentiated features of external sharing care and father care stand out. It is for this reason that beliefs and values about motherhood are as crucial in affecting shared care as are ideas about carers or potential carers.

During the diary fortnight, children on average spent three quarters of all the sessions with their mothers present. Over half the sessions away from mother were spent in group care so that the predominance of mother care would have been even greater before children started going there. The range in number of sessions the children spent with their mothers present was very wide - from 22 to 41 (excluding one child who was admitted to hospital). There were only 7 mothers who had no break at all from their children's company apart from group care in the two weeks. All of these were working class. The proportion of time mothers spend with their children is the obverse of the frequency of internal and external sharing, so that it showed the same associations with class and other family characteristics. For instance, most shy children spent more time with their mothers than did other children ($p=0.001$).

On average, fathers spent just over half as many sessions with the child as did the mothers (17 as opposed to 31 sessions), although more of that time was when the child was asleep. 13 of the fathers spent fewer than 14 sessions in the fortnight with the child, i.e. less than one per day on average, even including week-ends. The amount of time a father spent with

the child did not seem to relate to his total work hours or his work orientation, suggesting that absences for other than work reasons differentiated between fathers in this respect. Some fathers expressed fascination with their children, whilst others preferred to spend a lot of time out with friends.

Class differences in father presence were small, but in all twice as many working class fathers (10 = 36%) as middle class fathers (5 = 17%) were with the child for 21 or more sessions. Of course, this indicates nothing about the qualities of interaction between fathers and children, but again runs counter to the conventional view of middle class fathers as more participant. Some working class fathers spent a lot of time with their children in the daytime during the week, because they did shift work or work which permitted the child to come along. Mr. Purdie* and Mr. Robertson* had taken their children with them whilst doing their jobs as taxi-driver and milkman respectively. Many fathers in both classes only saw their children briefly before they went to bed during the week. There were therefore mechanisms to maximise the impact of this time for the children, which was sometimes even described as "father's time" or "family time". Several fathers in both classes ensured that they participated in bathing the children as an opportunity for intimacy. Evening meals could also be a focus for father presence and perhaps a counterweight to the demands of work. For instance, Mrs. Powell and Peter always waited for Mr. Powell to come home "which puts pressure on me to get home at a reasonable time". Such actions helped to reconcile or obfuscate the divergence between mothers' greater contribution to looking after the child and the ideal of

equal responsibility for the care of children which most parents subscribed to.

Curiously perhaps, there was no correspondence between the extent of father presence and of father care. Some fathers who cared for the child while mother worked evenings were out a good deal themselves at other times. By contrast, there were families where both parents were home centred. Therefore the father was at home more than most, but sole care by him was rare as the mother would nearly always be there too. This last type of family accounts for the fact that the amount of time fathers were at home was inversely related to the frequency of external shared care ($p < 0.001$). Most of the fathers in "protective" families were home with the child more than average. So were those in middle class families who used kin a lot for care and were earlier seen to be less inclined to share care than other middle class families. It follows that high father presence in the home was associated with shyness and poor reactions to shared care. The number of sessions fathers spent with the child were also positively correlated with fathers' M.I. scores ($p < 0.02$). Again we see a relation between (moderate) parental anxiety and family togetherness.

Parental role allocation

A thorough analysis of role allocation let alone parental negotiations and decision-making was not possible, since that was not the focus of the study. However, it did seem important to have a simple means of differentiating families to some extent with regard to parental activities relevant to sharing care, because

internal and external family functioning are often interrelated. Those tasks which have traditionally been mostly done by women were used in order to discriminate best between families, so that fathers' often considerable contributions to other household jobs such as repairs and decorating were not included. For each task, the parents' agreed statement about father's approximate contribution was rated by the interviewer as follows:-

Score	1	Never
Score	2	Occasionally
Score	3	Sometimes
Score	4	As often as mother
Score	5	More often than mother

The family's scores for shopping, washing clothes, cleaning the house, washing up and cooking were summed to give a "domestic role score". In addition, fathers' present contribution to bathing children and putting them to bed and past involvement with nappy changing were used as the basis for a "child role score". There was no statistical association between the domestic role score and either the child role score or the extent of father care, which indicates that a father's contribution to housework may have little bearing on his involvement in child care. Two further indices were devised. The "total role score" was the sum of the domestic and child role scores. A "role/care score" was devised by adding to the total role score a rating of 1-5 according to the frequency of father's care of the child without mother. In addition, 28 fathers who scored high on a sum of three indicators (child role score; frequency of father care; and attendance at the child's birth) were classed as child-oriented.

Scores on individual tasks conformed to the hierarchy of relative father involvement which has been found in other research (Herbst, 1960). Men tended to engage most in those which are more pleasurable (playing with the child) or more obvious (like washing up) and do least of the less obvious and more distasteful tasks such as washing clothes and cleaning. Only 10 fathers made significant contributions (more than occasional) to both the child care tasks and at least 3 of the domestic tasks. Even when they did tasks it was sometimes as mother's assistant or back-up, rather than on their own initiative or in their own right. Thus, some mothers described their husbands as being good "because he helps me", or as performing a household task "for me" or "when asked". Several fathers only took charge of the child's physical needs when their wife was out or ill. A few mothers had a clear sense that they did not want the man to be involved in their domain. Several referred to "my work" and Mrs. Purdie* asserted "I don't like to see men doing housework". Mrs. Baxter* volunteered a traditional role prescription:-

"You work and bring in your wages, and I stay home and look after the children. And the only time we need a babysitter is to let us out socially and for no other reason."

In other cases fathers were disinclined to help and the wife accepted this with indulgence or resignation. Mr. Allan confessed to being a male chauvinist, but his wife said she did not mind or feel put upon. When she first got married, Mrs. Miller said:-

"I tried to get across to him that he should do dishes and things. But it's gradually got so I suppose I've just taken over. I mean he would do it if I asked, but I don't ask."

There were a number of evasive techniques employed by fathers to justify hardly ever doing certain tasks. These were voluntarism, incompetence and distaste. Voluntarism meant that fathers felt entitled to exercise an option about whether to do something which for a mother would be obligatory. Mrs. Sinclair* said she "got the rotten job of nappy changing", whereas her husband chose to wash the dishes "because I don't like drying and I don't like putting away". Mrs. Hunter said her husband "doesn't enjoy doing a set meal for the children, but if he's in the mood () he enjoys cooking". Mr. Munro* always bathed his daughter, because "it's a labour of love for me", but his wife did the ironing, because "I can't be annoyed with ironing".

Opting out was made to seem justifiable in some cases if the father was incompetent at the task. Beail (forthcoming) also learnt that over three quarters of the fathers in his sample saw themselves as less competent than their wives in child care and consequently only attended to the child's practical needs when asked. Mr. Ferguson* said "I never got the hang of nappies" and Mr. Villiers* confessed "I never got it right - it would fall down, so I'd just leave him". There might be collusion by partners, which preserved the woman's sense of expertise. Some fathers withdrew efforts to help, because they were not up to their wives' standards. Mr. Purdie* said "She's moaning all the time I do it and then she does it again". Mr. Nairn* commented "I get ticked off if I don't do it right". Some fathers said they had not bathed or changed a baby for fear of damaging them - "they're too fragile" (Mr. Finlayson). Mr. Sim* said "you might pick them up and break them". Such considerations had not deterred their wives however.

Lamb (1975, 1976c) has suggested that it is a false stereotype that fathers cannot get involved with infants, but it seems that it is applicable in some cases. In relation to nappy changing, some fathers felt able to excuse themselves out of distaste for the task, a choice not available to mothers, some of whom found it similarly unpleasant. The fact that some men did change nappies quite readily suggests that the view of Ungerson (1982) that there is a taboo surrounding men's dealings with human waste is overstated, but undoubtedly many men felt they could be exempted from handling their children's excreta. Here are quotations from two fathers who had messy jobs in garages, but would not change a dirty nappy:-

Mr. Johnstone - "I've not got a very strong stomach. Wet ones, yes, but the other ones, no."

Mr. Baxter* - "my stomach doesn't take it."

Despite all these qualifications, many mothers thought that their husbands did more than their own father had ever done. Some fathers did do a lot of their own accord, perhaps even with less popular tasks such as nappy changing or cleaning. As Mr. Irvine remarked "They're equally our children. I don't see anything degrading in that sort of thing".

For each task which was rated there were no big differences according to age or social class, although more middle class fathers were "child oriented". This fits with the fact that more of the jobs of the middle class fathers concerned children. Contrary to some assumptions (e.g. Young & Willmott, 1973) quite a few fathers contributed very little to all the tasks assessed and they were as likely to be middle class as

working class. Edgell (1980) and Pahl & Pahl (1971) likewise discovered marked segregation amongst certain kinds of middle class couples. There was some suggestive evidence that it was in the higher echelons of each social class that fathers contributed more. The oft repeated conclusion that working class couples are generally more segregated than middle class couples (e.g. Rapoport & Rapoport, 1982) appears to oversimplified and in some ways false.

There seemed to be no relation between any of the role scores and the extent of father care. In other words, fathers who were sole carers more than average did not necessarily contribute more to domestic tasks or physical childcare. This resembles the observation of Oakley (1972) that husbands' contributions to housework and childcare are distinct and independent. In some cases when the mother was out, the father was totally responsible for meeting the child's needs (feeding, washing, putting to bed etc.). However, it was also common for mothers to **prepare** for father care, so that it would be either passive (in the evenings) or only involve keeping the children entertained. Several mothers would bath, cook, clean up and put the children to bed before going out to work or for a social activity, so that the demands on the father would be minimal. Although the men were in sole charge of their children, they were not actually "tending" for them in the full sense of the word as elaborated by R.Parker (1981). Other research has shown that mothers' work may increase fathers' contributions at home, but this hardly ever approaches equality (Levitan & Belous, 1981; Robinson et al., 1977). In fact, "child oriented" fathers were most highly represented in families where the wife worked long hours and so father was not the

work carer. They were also somewhat less likely to be totally opposed to mothers working before children start school. On the other hand, there were some fathers who contributed a good deal to physical care of the children or housework but who seldom looked after the child alone, because their wives rarely went out separately when they were home.

The issue of the division of labour with regard to tasks inside and outside the family has become of major importance in sociological thinking over the last decade (Stacey, 1981). Feminism or women's lib were referred to directly in only a few of the interviews, although most couples appeared aware of a "counter-conventional" ideology to a greater or less extent. However, Mrs. Nichols* statement that "I'm all for women's lib" was not typical. Certainly, a good many mothers did feel that fathers should do more at home and that women's rights should be given more public recognition. But most of these did not want to be away from their own children for long periods or work full-time. Strong avowal of women's rights by a few mothers was nonetheless combined with a wish to adapt their work patterns to perceived needs of children. Mrs. Carlisle said:-

"The whole of the women's movement... well, not the whole of it, but a large part of it... tends to reckon without the emotional bond that exists between mothers and children. They tend to ignore the conflict about working or not, which you are completely ignorant of before you have children."

Only three mothers expressed interest in their husbands modifying their work patterns in a major way in order to share care more equally. In some couples, the father might be mocked by himself or his wife for being a

male chauvinist, but this generally seemed to be a light-hearted way of challenging extreme non-involvement in domestic tasks, rather than a serious comment about inequality. Some mothers evinced strong hostility towards women's lib. Mrs Davies spoke disparagingly of "these libbers". Others said they felt sorry for women who foresook the traditional homemaker role. As Piotrkowski (1978) and Boulton (1983) have pointed out, many women are dissatisfied with some elements of day to day child care but are broadly content with the sense of meaning and purpose derived from the total experience of assuming the main responsibility for their children.

Exclusive mothering

Regardless of class, low sharing families had a high proportion of fathers with a low total role score ($p < 0.01$). These were therefore families in which the mothers dominated both child care and domestic tasks more than normal. Consequently it was possible to distinguish 3 types of family by combining measures of sharing care and father's role-care scores ($N=62$):-

- 1) **"Exclusive" mothering families** (12) with a low sharing care sequence and low total role score.
- 2) **"Intermediate" parenting families** (34) with low sharing care and high father role contribution; high sharing and low father contribution; or medium sharing sequence.
- 3) **"Inclusive" parenting families** (16) with high sharing care and high total role contribution.

These labels are adapted from the terminology used by Holman (1980) in relation to foster parents. He used

the inclusive/exclusive dimension to refer to the extent to which foster parents were open to the involvement of natural parents and social workers. Here it is hoped to convey a similar concept of family openness, but applied to receptivity towards the performance of child care and domestic tasks by persons other than mother. It is not meant to imply that all mothers or parents consciously exclude or include others in these activities, for this may be affected by opportunities and the willingness of others to become involved, too. There were 6 "exclusive" families who were middle class and 6 who were working class. This is a dimension that seemed independent of class, like "protectiveness" with which it overlaps. 7 families characterised by low external sharing and definitely low father care according to both interview and diary may be called "mother-dominant" in relation to child care.

"Exclusive" families mostly used kin for care and none had used paid childcarers. 4 of the 6 middle class "exclusive" families had kin as main carer (67%), compared with 4 of the other 27 middle class families (15%). Among working class families, none of the children in "exclusive" families had been away from parents overnight ($p < 0.05$). Thus, "exclusive" families tended not to share the typical patterns of their class. By contrast, inclusive families made more use of non-kin than others and were more likely to belong to a babysitting circle, even within the middle class sample. As for group care, only one quarter of mothers in "exclusive" families had a direct preference for nursery school, compared with 70% of other families. Even so there were more children attending playgroups from "non-exclusive" families, because they made up four fifths of the sample.

Children from "exclusive" families tended to have fewer peer friends. They had shorter child fondness lists and more diary sessions with no other children present ($p < 0.05$ and $p < 0.001$). All the "mother-dominant" families and all but one of the "exclusive" families had shy children. In contrast, 15 out of the 16 inclusive families had children who were confident with both adults and children. ($p < 0.001$). Thus, there was a strong association between parents' reluctance to include people other than mother in child care and domestic activities, and the child's own reserve. The connection may not be causal, especially as there were some shy children from "inclusive" and "intermediate" parenting families, too. However, families with "exclusive" mothering did not seem to be assisting their children's social adjustment. It should be remembered that even in the "inclusive" families in this sample the mothers spent at least half of the diary sessions with their child. Thus the comparatively high inclusiveness was combined with a high degree of contact with parents, so the apparent benefits of involving others in care would not necessarily apply to more substantial separations.

Parents' social activities and leisure interests

Attitudes to leisure are possibly becoming as important an influence on family patterns as more obvious factors like work and class (Rapoport & Rapoport, 1974). In the daytime many mothers felt they ought to leave their child only when it was "essential". As a result, comparatively few had apparently shared care in order to make social visits or take part in leisure pursuits away from their children. A number of mothers had done some kind of sporting activity

(including keep-fit) and had used sports creches or individual carers. The evening social and recreational activities of both parents had much more influence on shared care and in fact formed the main reasons for evening sharing. Quite a few parents who had stringent ideas that daytime sharing should not occur simply for the parent's enjoyment, readily accepted that this was justifiable in the evenings. In consequence, the frequency of evening care was less influenced by feelings of moral duty to the child than daytime care. It was more affected by the family's level of outside commitments or home-centredness, as well as the availability (or ability to seek out) people who would be trusted for care. Even so there were some dissenters from the general feeling that parents are entitled to periodic evening absences from their children in order to enjoy themselves.

Most parents had expected their social lives to alter considerably after they had children. There was usually acceptance that some activities had to be curtailed in addition to mothers' work. In a few families, like the Irvines and Reynolds*, life had changed from one of many social engagements to become very home-centred for both parents. Other families adjusted their activities to times and places which permitted the involvement of the children. Those families with a particular stress on family unity would mostly see freinds for lunch or go out as a family at week-ends. Several middle class couples said they preferred to invite friends to their home, rather than get a babysitter to go out. But for others shared care was a means of preserving an active life. Craig Allan and Colin Elliott regularly stayed overnight with relatives so that their parents could go away for week-ends and holidays. A few couples had

tried to carry on an active social life, but found that the child's adverse reactions to being left or to being brought along made this difficult or impossible.

Respondents gave details of how often they went out socially in the evenings, both individually and as a couple. This gives a measure of both outside leisure pursuits and of one aspect of conjugal role jointness. In most families, parents went out in the evenings more often separately than together. 25 mothers and 34 fathers said they went out on their own once a week or more, i.e. using internal shared care. Only 8 couples said they went out jointly at least once a week, thereby requiring external sharing. Frequency of joint outings was associated with frequency of mothers' separate outings, but not with fathers' ($p < 0.02$). In other words, those mothers who did go out a lot in the evenings tended to do so both on their own and with their husbands. There seemed to be a general disposition to high or low sociability, rather than a zero-sum relationship. This fits with the finding we saw earlier that there was no relation between frequency of external shared care and father care. Father's outside leisure seemed to be more independent of joint activities and when only one partner went out weekly this was normally the husband. The information noted earlier about internal and external shared care may now be linked to patterns of evening social activity to provide a more elaborate classification of families, as follows:-

1. Frequent joint outings, with external shared care
2. Frequent segregated activities, dependent on internal sharing

3. Combinations of both 1. and 2. In some of these families, it was the mother who went out more than the father
4. Mother rarely went out in the evening, but her husband did
5. Both partners hardly ever went out in the evenings either alone or separately

Naturally, these closely resemble the combinations of internal and external sharing noted earlier, although the latter were affected by parents' work as well as social activities.

There was a weak trend for mothers with higher M.I. scores to go out seldom in the evenings and to have few interests outside the home. "More anxious" fathers also spent more time at home on average than others ($p < 0.02$). This provides further evidence of an association between parents' anxiety and home-centredness, which was in turn related to reluctance to share care and the child's shyness.

Twice as many working class fathers (two thirds) as middle class fathers (one third) went out alone each week for social reasons ($p < 0.01$). There were no significant class differences for mothers. In ten working class families the father went out alone at least once a week, but the mother hardly ever did so. This pattern was found in only one middle class family. Here is indeed a sign of class difference in marital segregation. Over 3/4 of middle class couples went out together at least every 6 weeks, compared with fewer than half of the working class families ($p < 0.02$). This is consonant with the higher rates of evening sharing care for middle class parents in this study. It confirms that higher social class increases the chance of more

frequent social activity outside the home (Forse, 1981). Many middle class couples had an expectation to go out regularly without the children, as a result of invitations to dinner for instance. They would therefore explore several possibilities to find a carer, if necessary. More working class parents asserted that they would not go out when asked unless a close relative was available for sharing care.

A consequence of the class difference in frequency of evening social outings was that it was mainly the women in working class families who went out least often overall. They were more affected than their husbands by the lower tendency to share care, because many though by no means all of the latter had a night out alone. This could be resented, as in these disagreements:-

- 1) Mr. Nairn* "We haven't really being going out" (i.e. together).

Mrs. Nairn* "Well, you've been going out haven't you?"

- 2) Mr. Shaw* "We like to get out for a break, but if we don't get out, it doesn't bother us".

Mrs. Shaw* "Aye, but you're out every week".

Mr. Shaw* "What do you mean, it's only for 3 hours".

This aspect of conjugal role segregation has often been attributed to differing social associations and preferred pastimes of the spouses. That was clearly important, but an additional and sometimes crucial factor was the desire to avoid using a babysitter too much. Several couples remarked that they hardly ever went out separately before having children, but mostly

did so now in order to minimise sharing care. In particular, those working class couples whose relatives were distant or elderly relied most on internal sharing. In a way, Bott's hypothesis was reversed, because it was often the presence of a close-knit kin carer set which permitted parents to engage in frequent joint outings. Many working class couples with nearby kin carers had a regular "Saturday night" out together (often following the man's Friday night out on his own), even if sometimes it was not frequent. This institution could be recognised by its absence as in Mrs. Ormiston's wry comment "our Saturday night out is now in" i.e. they brought a meal home. Furthermore, many middle class couples did rely on each other for evening care, especially to go to evening classes, meetings, and cultural or sporting activities. It was those most involved in close-knit street networks who were more able to go out jointly, because they had a variety of carers to call on.

This again highlights that families cannot be differentiated on a single dimension of jointness-segregation, just as networks cannot be simply divided into those which are dense and those which are loose-knit. The former point was made long ago by Platt (1969), but is still repeated in the literature (e.g. Rapoport et al., 1982). A preference for more sharing of care between spouses (one sense of jointness) rather than external sharing made going out together (another sense of jointness) more difficult. Likewise, mothers' evening work was associated with a more joint allocation of child care, but reduced the opportunities for shared social activities. Within the same family joint activities sometimes occurred mainly at week-ends, whilst partners went out separately for

work, study or leisure during the week.

On the whole, parents' interests differed much more between men and women than they did between parents of different social class. Nonetheless, there was some indication that more middle class couples had joint interests like the cinema or theatre, which required external shared care. By contrast, many of the interests of working class parents were more segregated and hence compatible with internal sharing. This applied to darts, snooker and football for men and bingo or keep fit for women. There were examples of "classic" segregation in working class families, when the wife would go out with her female friends, mother or sister, and the husband went out to a pub or club to be with male friends and perhaps his brothers.

Not only were mothers the main caregivers, but even at times when both parents were not working it seemed that often men were more free to pursue leisure activities while their wives looked after the children than vice versa. Most mothers had interests which were solitary and/or could be done with the family around, so that they would make little demands on others for care of the children. The main ones were reading, domestic activities (e.g. knitting, sewing) and swimming. Far more of the fathers' leisure interests were based outside the home. Mrs. Miller complained that:-

"Michael goes to Karate on week-ends. The family priority is still mine. He can still do what he wants to, so it doesn't affect him so much".

Mr. Baxter* remarked:-

"I used to go car-rallying, I've done water ski-ing. We've done a lot of things,

haven't we?".

His wife replied:-

"Don't say "we". I'd like to do a lot of things, but I've got a couple of kids hanging round my neck all day".

However, there were some couples where both partners had indoor interests and neither went out much. "Mother-dominant" families had this pattern.

SUMMARY

All but two of the fathers were working at the time of interview and the fathers' entitlement or obligation to work was an unquestioned baseline for shared care patterns. The conventional expectation that the mother should be the prime carer was found in all the families. In none of the dual worker families had fathers cared for the child as much as mother. Therefore, it was chiefly variations in mothers' work patterns which affected differences between families with respect to shared care. Even so, the timing, flexibility and discretionary nature of fathers' work hours could greatly affect their availability as alternatives to external carers for routine or special needs.

Mother's work was clearly a major factor affecting and affected by shared care and attitudes towards it. A simple contrast between working and non-working mothers is unhelpful. A majority of the mothers were in some intermediate position of discontinuous and/or short hour working. Understanding shared care necessitates looking at the variations in hours worked, time of day, (dis)continuities in work and (dis)satisfactions with work or being at home. In particular, it seemed that the most crucial divide with

regard to practices and values was between those mothers who worked long hours and others, rather than between working and non-working mothers. A similar conclusion was reached by Robb (1981). Short hour workers resembled most non-working mothers in making few demands on their networks for work care and in their aversion to substantial daytime working or full day group care. This would suggest that the big increase in work by mothers of children under five which has mostly been for short hours does not represent such a big change in values or life-styles as has been commonly supposed (e.g. Clarke-Stewart, 1982). Likewise non-working mothers may be grouped according to their satisfaction with life at home. Children of mothers who were partly dissatisfied at home were distinguished from children of mothers who were happy at home and of long hour working mothers by the higher incidence of shyness, limited experience of shared care and poor reactions to separation from parents.

There was no support from this study for the widespread belief that children are harmed if their mothers work long hours. Indeed, the children of such mothers appeared to be more adaptable than some of the children of mothers who may be bored or isolated at home.

Women's work was often interstitial, in that it fitted into the small gaps both in the mother's child care responsibilities and in the labour market. Whereas fathers' care of children normally fitted in with their free time from work, mothers' work (if at all) often fitted in with their free time from child care. Several working class mothers had become part of the secondary labour market, with poor pay and prospects

and considerable discontinuity of working (Beynon and Blackburn, 1972; Gordon, 1972). Although there are broader labour market factors which also affect the restricted location, timing and status of many mothers' jobs, this position is underpinned by a strong ideology supported by the majority of mothers and even more of the fathers in this sample. This merged the value that a mother should be home with her child most of the time and the belief that **mothers'** full-time work is harmful to children. Many mothers who worked chose to do in such a way that they avoided sharing care outside the nuclear family. In only about one family in eight did the mother work long daytime hours in which care of the child was outside the nuclear family and resulted from rather than preceded mother's return to work. All of such mothers had started work using paid childcarers or relatives for care of the children and not group care. On the other hand, in none of the families did the mother's work interfere with the child's opportunity to participate in group care experience.

Fathers' care of the child was usually much less than mothers, just as father's work commitments were nearly always much greater. Even during the non-working periods, caring for children appeared to restrict men's social activities less than women's, especially in some working class families. Therefore, the patterns of internal sharing in the evenings and at week-ends perpetuated mother's weekday predominance in care more often than they counterbalanced it.

The extent of father care was as much related to mothers' work as to social class. Partly as a result, this sample gave only weak support to the common view

that middle class fathers are more participant with respect to child care. On specific occasions, many parents had been clearly influenced by a preference for father care and a desire to avoid external sharing. In many families, mother and father went out more often separately than together and there was little overlap in their interests. There was no overall statistical association (direct or inverse) between the frequencies of internal and external sharing. Joint social outings and shared interest outside the home were more characteristic of middle class parents, who consequently used evening babysitters more often on average.

Chapter Twelve

CONCLUSIONS AND IMPLICATIONS FROM THE RESEARCH

This chapter is in three parts. In the first part, the main findings will be summarised briefly. Then, implications for both theory and policy will be presented.

SUMMARY OF THE MAIN FINDINGS

This study set out to examine the phenomenon of shared care, which comprised those situations whereby pre-school children had been looked after by people other than their parents. The analysis of relevant policy actions and statements revealed that these had been almost exclusively concerned with official day care arrangements. Yet the largely individualist strategy of government action which has been followed over many years has been premised on assumptions about the actual and ideal arrangements for sharing care in a much broader sense. These assumptions have helped to justify a policy which has largely concentrated on the needs of the disadvantaged only. Vague ideas and prescriptions about the nature of children, mothers' responsibilities and community care have been used in conjunction with recurrent economic restraints to confine most parent's choice of public day care to part-day places in a playgroup or nursery school after the child's third birthday. Even such provision has an uneven geographical distribution and is vulnerable to financial cutbacks.

Little was known about how satisfactorily ordinary families actually did manage from their own resources without further public support. Some commentators argued that it is unfair to place the responsibility for child care onto mothers only. The increase in working mothers has been cited as a sign of widespread dissension by women from devoting themselves entirely to their young children. An alternative institutional strategy has been advocated, whereby integrated and comprehensive public provision of group care for all who wanted it at the ages they wanted it would best meet the needs of all families, whether mother worked or not. Others have urged that a more radical, structural transformation is needed, including occupational and fiscal changes so that the care of children may be more evenly divided between men and women.

Empirical research has also chiefly centred on the issues relating to mother care and group care, and about how far a larger contribution by the latter is necessary, desirable or harmful. The evidence suggested that sharing care need not be detrimental to the child. Indeed it can be beneficial, provided that there are opportunities for familiarisation, continuity and stimulation. From an early age, children are able to form multiple attachments and show a predilection for the company of other children. Very little attention had been given to shared care within family networks. There was a need for systematic understanding of individual children's overall care experiences as they develop and change up to and after involvement in group care or school. Only then can the strengths and deficits or people's actual shared care arrangements be assessed. In addition, most researchers' pre-occupation with children's emotional ties to their mother meant

that the interconnections between sharing care and the child and family's social relationships had not been examined.

Therefore, the present research aimed to investigate the evolution of shared care patterns and processes as part of the interactive development of families' internal and external relationships. It was assisted by theoretical perspectives which emphasised understanding changes in the lives of parents and children over time within multiple physical and social contexts. In order to understand the complex and dynamic processes involved, both qualitative and quantitative techniques were called for. It was decided to interview both partners in two-parent families from a sample sufficiently large to sustain some statistical procedures, yet small enough to permit some depth of discussion and analysis. In practice, 73 sets of parents were seen of whom 63 formed the main sample for statistical analysis. As social class has been shown to be a critical influence on many aspects of family life, the sample was selected from two contrasting areas to provide a comparison between families who in broad terms were middle class or working class. The two area samples consisted of all those families with a child born between fixed dates 3 years previously whose parents were married at the time of the child's birth and were still living in the same area when asked to be interviewed just after the child's third birthday.

As expected, most of the children had spent most of their time with their parents and especially their mothers. Nevertheless, all the children had been looked after by someone else at some time. Usually there had been several other carers and half the children had

been regularly looked after by someone other than their parents with a frequency of at least once a week. There was not a dichotomy between exclusive mothering and substitute care, but a spectrum of the extent of involvement by people other than parents in the care of the child. A number of dimensions, combinations, sequences and processes of care were identified, several of which showed marked differentiation according to social class. There were also important findings which applied irrespective of class, as well as distinctions between types of families which were present in both classes. Although important generalisations did emerge, it must be emphasised that these are abstractions. For each child, his total care away from parents was normally not planned, perceived or experienced as a coherent whole, but represented the cumulative assemblage of a number of care situations with differing contexts, purposes and regularity. Sharing care was frequently a spontaneous or incidental part of everyday social life and practical functioning, although sometimes it was negotiated and arranged with long term aims for the child or family. Consequently, the dynamic interplay between social relationships and the care of children formed a major part of the research findings.

PATTERNS OF CARE AND FAMILY CHARACTERISTICS

Group care

Many writers assume that children's first experience of an organised group or indeed of non-parental care at all is in an official nursery school, playgroup, day nursery or school itself (e.g. Blatchford et al., 1982 pp.1-2). In fact about half of the children had had

previous experience in some other kind of group or creche such as those attached to a church or sports centre. The facilities or staffing in some of these appeared to be unsatisfactory.

The study showed that in two urban areas with unusually good provision of playgroups and nursery schools attendance at such facilities had become virtually universal for 3 year olds in less mobile, two parent families. This applied regardless of differing environments, varied attitudes about family life and diverse histories of shared care. Parents had a common perception of pre-school children's needs for some kind of organised interaction with other children in a safe place and under the supervision of trained staff. Other research has also shown a high demand for group care but this has rarely been actualised because of insufficient provision (Bone, 1977; Haystead et al., 1980). It would appear that once supply approaches demand, then a "quasi-universal norm" of group attendance from age 3 arises, so that even reluctant users arrange placement, because they do not wish their children to be different or to lack playmates. This represents a considerable change within a single generation towards much earlier entry by children into communal socialisation, for three quarters of the parents themselves had not been to any form of group care before school.

Publicly provided nursery schools were generally preferred to playgroups, but a significant minority did value the latter more highly. This was mostly on account of their intimate settings and short flexible hours, rather than parental involvement which is often seen as their main advantage. In spite of these

important differences, the reasons for using playgroups and nursery schools, and parental evaluations of them, were so similar that it was legitimate to regard them as variants of a single form of care, rather than two distinctive types. There was a high degree of satisfaction with group care. There was no sign of stigma because group care represented a service open to all and was widely accepted as desirable. The main expressed deficiencies concerned the demand for more local authority nursery schooling in the middle class area and a desire by some parents for their children to be able to start earlier at group care.

Contrary to the claims of several commentators, the desire for group care bore little relation to mothers' work intentions. Group care did quite often take over all or part of a pre-existing care arrangement for mothers' work, but that was not its prime objective. This helps explain the anomaly which puzzled Halsey and Smith (1976) that more working mothers are at work while their child is at group care than gave this as their reason for placing the child. Primarily, parents believed that group care offers social benefits to the child, which they could not provide themselves either directly or indirectly. Educational purposes were important secondary considerations.

Non-group care

Although most of the children began group care for broadly similar reasons at similar ages, they had experienced widely varying sequences of non-parental care before that. Moreover, the widespread usage of group care did not represent an indiscriminate readiness to leave children with other people, for most parents

had previously shown themselves fastidious about the circumstances in which they would leave their children and with whom.

Parents in this study had not provided constant 24 hour care for their children before 3, but prolonged or very frequent care by others was rare too. Comparisons with other cultures indicates that here sharing care occurs more deliberately as a result of the perceived benefits or convenience of excluding children from certain daytime practical activities and most evening social activities. As fathers were normally some distance away at work during weekdays, external sharing of care was the prime means for mothers to gain opportunities for independent activities and relief from routine or stress. Some parents, however, felt or acknowledged little need for sharing care unless it was "unavoidable" or for the child's benefit only. Variations in the frequency of sharing care were therefore closely related to perceptions of what circumstances were defined as making shared care necessary or desirable, and what was the balance between mothers' responsibilities and rights. Availability of care resources was also important, and there were a few parents who were clearly dissatisfied that they were restricted by their reluctance or inability to share care more often. However, shared care was not simply a product of parents' needs. It was also often seen as a means of developing children's external relationships with others, in accordance with parental values about strengthening ties with relatives and peers. A strong future orientation could be seen in the value which many parents placed in sharing care for developing a child's social skills or independence, general preparation for

school and specific learning.

Some parents (all middle class) had developed or joined unofficial "mini-groups" of their own. Here, 3 or 4 mothers took it in turns to play with all their children, usually as a conscious "pre-preschool" experience from 2 to 3. But mostly sharing care before age 3 involved only the child, except for the carer's child(ren) or the child's sibling(s) in some cases. In the main, carers were chosen or chose themselves from a few restricted kinds of people: - the child's grandparents and aunts; local mothers of pre-school children; immediate neighbours; and paid childcarers. The vast majority of carers were women. Shared care was mostly arranged by women, even when their husbands were home too. Mothers spent much more time looking after both their own children and other people's children than did the fathers. Men who looked after the children were nearly all relatives. Normally, kin were preferred for young babies and major care commitments, and in some families non-kin were hardly used in any circumstances, except perhaps a brief emergency. Usually, both sides of the family were equally acceptable, but in practice mothers' relatives were used more often by more families.

Relatives living at a distance were important carers in many families. Non-kin carers were much more highly concentrated in the immediate neighbourhood.

Different types of family patterns of shared care

The extent and kind of mothers' work sequences had important effects on shared care and vice versa. Just as the study showed a diversity of shared care

patterns rather than a simple day-care/home-reared dichotomy, so there was a continuum in relation to mothers' work. The majority of mothers were intermediate between those who had never worked at all since having children and the few who had worked full-time. Furthermore, the values and care patterns of the mothers who worked less than 12 hours a week resembled those of non-working mothers more than they did those of mothers who worked longer hours. A high proportion of working mothers worked for short hours and/or at a time when they or the father could look after the child, because of a deliberate preference to maintain care within the marriage and not be dependent on outside carers. The small percentage of families with mothers working over 12 hours did account for the greatest frequencies of shared care before children started at group care. Their children were chiefly looked after by paid childcarers or grandparents, perhaps supplemented or replaced by group care after age 2-3. There was support for the conclusions of L.Yarrow (1964) and Hock (1978, 1980) that it is less crucial for the welfare of the family whether the mother works or not than whether she is satisfied with whichever of these two options she chooses.

Despite the fact that well over half the mothers had worked since they had children, many parents held a stereotyped view of the "working mother" as someone who put herself before her children and might "exploit" group care in order to work. Such an image is widespread in society, but this study showed that many working mothers have a strong wish to retain care within their trusted network and do in fact minimise the extent of shared care by working part time and often at unsocial hours. Moreover, those who worked

long hours had mostly made satisfactory arrangements. In a few cases families in which both parents worked had adjusted care arrangements which were not fully suitable. Clearly there are problems which some dual worker families face in making ideal arrangements for their children (Jackson & Jackson, 1979; P.Moss, 1980), but if this sample is at all typical, then the big growth in the numbers of working mothers in recent years does not mean that many parents are making arrangements which are harmful to their children. On the other hand, it was clear that most people's social networks are not able to sustain care of the children of mothers who work long hours. Usually, friends were thought to be willing to act as carers only for brief periods. Kin were often considered to have sufficient past or present commitments to their own work or families so that it was unfair to expect full-day care from them: Thus, full-time work by mothers does necessitate paid childcarers or longer hours at group care than is normally available.

A further means of classifying families apart from mothers' work was according to their attitudes and practice of inclusiveness or exclusiveness with respect to the involvement of others in child care. About one fifth of the total sample led lives which seemed to be particularly home-centred. They were very reluctant to share care even with close kin, except in "special" circumstances or for a very occasional evening out. If the mother worked, she did so at a time or in a way that did not require care outside the nuclear family. The parents expressed strong beliefs about the importance of the mother-child bond and were concerned that their children would be readily upset by separation from them (cf. Hock, 1978). Their children

were usually said to be shy with adults they did not know well and were more likely than others to be upset when left at group care. In these families, the idea of group care before age 3 was generally disapproved of and playgroups were more popular than nursery schools. In other studies, the children who did not go to group care even when it was available have been identified as having mothers who were often especially "child-centred" or overprotective (Blomart, 1963; Shinman, 1980). Here it seems that such mothers felt normative pressures to send their children to group care, because nearly everyone else was doing so.

Another way in which families differed considerably was the extent of care by father alone, either in addition to or instead of external sharing. This was related to whether mothers and fathers were "inner-oriented" (to home and family) or "outer-oriented" (to work, friends or kin). There was no simple inverse relationship between the amount of internal and external sharing care, because high and low levels of mothers' outer orientation could be combined with either high or low levels of father care in different families. Within the time-limits allowed by their full-time work, a fair number of fathers did take sole charge of their own children to a considerable extent, sometimes more than others outside the family. Most rarely looked after other people's children.

The influences of parents' perceptions and interpretations

Nearly all the parents believed that they should try to achieve a secure family life for their children whilst working towards some degree of independence, if only because of the need to prepare them for the social

demands of compulsory education. These goals of security and independence can be difficult to harmonise and there were large variations in people's views about when and how they might be achieved. Sharing care was often prompted by the kinds of immediate or practical considerations which are a normal part of most people's lives. Nonetheless, families varied greatly in their predispositions to perceive situations as requiring or justifying shared care and in how they categorised other people as acceptable carers or not in different contexts. A strong value among parents was that care should not harm the child and where possible should be for the child's benefit. However, parents ranged from those who thought that almost any separation from both parents might be harmful for the child to those who believed that frequent sharing was helpful to a child. The former view was more common and helps explain why sharing care is generally less frequent and less spontaneous than in many other kinds of society. Nonetheless, some people considered it quite legitimate for care to be arranged for the mother's benefit and were confident that the child would not be adversely affected.

Views about parents' responsibilities and rights tended to coincide with parental images of children. Those with strong views about parental responsibility (which in practice meant maternal responsibility) normally perceived children as vulnerable to separation distress. The child's crying at the possibility or actuality of being left with others was seen as something to be avoided at all costs in order to prevent immediate distress or longer term harm. Such parents tended to see the child's needs and wishes as paramount. They would share care rarely and with only

a restricted range of people. Parents who put more stress on the mother's rights (for a break or to work) generally saw their children as adaptable. They interpreted a child's crying, if it occurred, as a brief separation protest which soon extinguished. This was associated with a greater willingness to insist that the child should fit with parents needs sometimes, as well as vice versa.

Parents were much influenced by their perceptions of uncertainty about possible responses of the child and potential carers. Some were hesitant to take risks by making arrangements to share care, some were willing to do so, and some saw little risk anyway. Uncertainty in sharing care can be reduced by predictability, so arrangements were favoured which involved familiar people, regularity of timing, checks by the parents, and sometimes their availability to return. Some middle class parents felt that employment of a carer provided the most reliable arrangement.

A major element of risk in sharing care is that young children were often perceived as difficult to know and hard to predict. This could reinforce a tendency to play safe, risking neither that the child might be upset, nor that his or her behaviour might be unacceptable. Although parents often expressed puzzlement about children, they also used an array of explanatory and instrumental beliefs about child behaviour and development to help make sense of them. To a large degree these corresponded to the kinds of factors psychologists would also use to explain differences in behaviour, such as birth order, sex, heredity, learning, stages and phases. It was quite possible for the same idea to explain opposite outcomes in different families,

such as shyness or sociability, advanced or slow development. Likewise, parents could draw differing instrumental inferences from the same circumstance. For instance, having more than one child could be seen as a reason not to leave them or not to bring them along.

The most important ideas about children influencing shared care related to birth order and child development. Many parents were more inclined to leave a second or later child, because they were less anxious about his or her reactions. Longer experience of parenthood was said to engender revised images of children's adaptability and more relaxed attitudes about sharing care. In addition, an older brother or sister could be seen as a comfort to a younger child. Less commonly, there was greater reluctance to share care with second and later born children. Sometimes the later child seemed temperamentally less adaptable. Sometimes it was felt that the carer would not cope with more than one child. Those parents who shared care widely tended to see the child's personality as more shaped by heredity or else believed that social exposure facilitated confidence. Restricted sharing was more associated with views which stressed the importance of stages of maturation and attachment to mother or parents as a source of security.

Uncertainty in relation to the child's reactions to care was linked to the idea of trust, whilst concern for the carer's reactions was associated with fear of imposing. There were several aspects of trustworthiness which people wanted in a carer. These included competence in dealing with the child's needs; reassurance to the child by virtue of familiarity,

manner or skill; reliability in fulfilling parents' wishes; and conformity to parents values in treatment of the child. Attributions of these characteristics depended partly on individual relationships, but were also influenced by more general categorisations of people. Families set different boundaries of trust at differing social distances and with varying degrees of permeability. Some set firm boundaries around close kin and perhaps one or two special friends. Anybody else was seen as a stranger and was therefore unacceptable with regard to care. Others were more willing to adjust their boundaries of trust by acceptance of some less familiar people or by setting out to get to know them better.

Seldom were people other than parents seen to have rights to care for the child, except that quite a few respondents thought grandparents were entitled to look after their grandchildren now and then. Sharing care took place mostly at the parents' behest or at the initiative of others for the (ostensible) benefit of the parents or child. Spur of the moment requests or offers for care did occur in some cases, but more usually sharing care was planned in advance. There was a strong psychological and ideational emphasis on parental care, but this was underpinned by physical and social circumstances. Housing layout and a general value of privacy meant that most of these pre-school children did not move readily from one household to another, as can be common in small settlements. Normally, there was not playspace near the home which could be used communally by children on an everyday basis. The dangers of traffic mean that young children's movements have to be closely supervised. Moreover, those people who were most trusted for care, especially relatives,

usually lived at some distance.

The second element of uncertainty in care processes was the assessment of the degree to which care of the child was likely to be pleasurable or an imposition to potential carers. Close kin were looked upon as particularly attractive carers, because they were seen as both trustworthy and keen to care. There was much more doubt shown about the readiness of non-relatives to act as carers, even if they had expressed willingness. Such uncertainties could be overcome by a financial arrangement, but this was generally only acceptable for a carer of lower status, such as a teenager or au pair. More commonly, imposing was made acceptable by entering into mutual arrangements with other parents of young children.

The interplay of trust and imposing was a major factor in the choice of carer and frequency of care. For instance, this influenced whether the main carer for a working mother was the grandmother or a childminder. "Exclusive" parents were those who had rigid boundaries of both trust and imposition set close to the nuclear family. The two notions may be conjoined in the concept of **confidence**. Sharing care normally occurs when the parents have some degree of confidence in the carer and in the child's capacity to cope or benefit from the experience. It was those parents who lacked confidence in themselves who were most likely to doubt the value of sharing care or their child's capacity to deal with it. Parents with confidence in themselves and their children were more able to develop multiple social contacts which included potential carers. They also had greater trust that sharing care was not harmful and could be helpful to

children.

The Characteristics of the Child

It should not be assumed that only parents and their interactions with potential carers influence care patterns. The child's nature and reactions to imminent or actual separations to particular individuals or any individual can shape the actions of adults, as psychologists have recently emphasised (Dunn, 1977). Children did not always conform to parental expectations. In such instances, the child could modify parental attitudes to become more (or less) favourable to sharing care. There were occasionally tensions or guilt, when mothers persisted in leaving a child who was distressed. More typically parents became more willing to share care as they found that their child was less upset than they expected or when they became concerned that the child was too clinging through lack of experience with others. Especially after age 2, the child's own verbal wishes became important. Some children were eager to stay with grandparents, go with a sibling somewhere or to go and play with a friend along the street. Others were apparently passive or avoidant in relation to care by others.

On the whole it appeared that early, moderately frequent separations were not detrimental. This contrasts with what many of the parents believed, in concurrence with much expert opinion. In this kind of relatively stable two parent family, it was those families who shared care most whose children seemed more adaptable and caused least worry to their parents. Those children who had been with their

parents nearly all the time were usually shy and sometimes very alarmed at any kind of separation. Such shyness or clingy behaviour was a major concern for many parents. The association between low frequency of sharing care and shyness is not necessarily a causal one. Although many of the parents had arrived at a belief that being unused to care by other people may inhibit children, there is also evidence from other research that inheritance may play a part in shyness. The interview material suggested that there is a reciprocal interaction between the parents' personality and orientations, the child's personality and the degree of openness to the inclusion of others in the care of the child. Parents who were themselves more anxious and had difficulty adjusting to parenthood were more likely than others to have children who were less adaptable to shared care. Children who were upset most on starting group care tended to be those who were generally shy and had had a low frequency of previous shared care.

THE EVOLUTION OF SHARED CARE AND NETWORK RELATIONSHIPS

These processes involving parents, child and carers do not occur in a social and environmental vacuum. Some families with generally protective attitudes towards their children and close boundaries of trust did share often, because they were embedded in a small network of close kin or street friends. Others with more inclusive attitudes shared care rarely through lack of opportunity. Furthermore, selection of suitable carers occurred in the context of social relationships which were themselves changing. Therefore, the more dynamic aspects of social and shared care relationships will now be considered.

Shared care developed as part of the ongoing adjustments to parenthood made by couples, both personally and in their network relationships. Childbirth was often a time when carers (normally grandmothers) assisted with care of older children. Thereafter, the mother's physical and emotional reactions following the baby's birth influenced her need for support, general morale and feelings about return to work which can all affect the need for non-routine shared care. Sharing care may be seen as a reflection of how parents, particularly mothers, manage the restriction on them of a child's dependency. With a first born child it seemed that parents were particularly tentative about sharing care, as their ideas about the nature of children, the pressures of parenthood and their relationships with others were in a state of flux. There was a reluctance to trust others' ability or willingness to cope with the physical needs of a baby and also often a strong emotional concern to be with the infant as much as possible. Some couples became very home-centred, perhaps giving up active social lives and letting friendships lapse. Others continued with busy work and/or social lives, and shared care frequently externally and internally in order to do so. This could involve building a new kind of social life more centred on street networks of sociability and sharing care.

As the first child grew older or a new child was born, many parents gradually altered their views in favour of sharing care more. They began to see children as more robust and their own needs for a break as more legitimate. Quite a few parents found to their dismay that they had emphasised a child's needs for security in infancy, only to find that the need for

social confidence at age 2 or 3 had been poorly prepared for. But sometimes the opposite occurred, as when mothers abandoned plans to return to work, because the child seemed more vulnerable to separation than they had expected.

There were social as well as personal adjustments to parenthood and birth order which impinged on shared care. Two of the key factors in determining the nature of carer sets were the adaptability for care of prior social networks and the convertibility of nearby acquaintances and strangers into friends and/or carers. Since old friends and workmates were not often used for care, the adaptability of a prior network largely depended on the distance, health, age and employment status of close relatives. Kin relations did not often change dramatically. Some relationships were reinforced through having children. This was especially true in the case of grandparents, who were generally acknowledged as first choice carers for a young child if it was practically possible, although a few did dissent from this view.

In contrast, non-kin relationships often altered markedly with the advent of children, especially for mothers. The size and nature of a local carer set chiefly depended on how far the mother had been able to develop contacts in the vicinity with others at a similar life-cycle stage. This was partly influenced by neighbourhood composition, but was also related to families' attitudes and aptitudes in the development of neighbour relationships. Ties to a small core of close friends of long standing were usually maintained, especially if they had young children too, but only in the latter case were they likely to be much involved in

shared care. However, often contacts with "old friends" and colleagues became attenuated because of distance or their work. In addition, many couples had not made significant relationships locally when both were working, so that mothers suddenly at home all day were vulnerable to isolation and depression at this stage, especially if they had few or no close relatives in the City.

Often, especially in the middle class area, families were able to develop a new locally-based, stage-graded set of relationships to compensate for the slackening of earlier friendships. This new network segment usually became central to daytime social life and sharing care. Contacts between local mothers with similar aged children were initiated and maintained, because of the deliberate seeking of peer playmates, mutual interest by children themselves and naturally occurring situations such as visits to clinics or swing parks which bring mothers and young children together. Reciprocal sharing care often arose from and in turn promoted these friendships. Befriending has been characterised as a skilled process of gradual personal disclosure (Duck, 1980; Morton & Douglas, 1981). This is doubtless true, but evidently the presence of opportunities to meet through children and shared practical needs can be vital catalysts.

There were mechanisms for the rapid integration of families into these local networks, but often it took time for the relationships to develop. Some mothers only made contacts after their children had started at group care or school. In consequence, second and later children were more likely to become part of an established set up of peer interaction and shared care

from an earlier age than first borns. People befriended locally were often the main source of information and evaluation about group care. Whilst daytime interaction and sharing care was usually personalised amongst a small number of local mothers, evening shared care was often formalised among a much larger group of people by means of babysitting circles. These sometimes involved some care by men, too. Some circles were purely functional, offering a mutual service with clear-cut responsibilities. But circle membership frequently led to befriending and other social activities, usually in small sets or cliques.

CLASS AND CARE

It must be stressed that many aspects of shared care did not vary according to social class. For instance, perceptions of group care seemed to be very similar regardless of class membership. "Protectiveness" and work care patterns were largely independent of class. Nevertheless, striking class differences permeated the study, so it will be useful to recapitulate briefly the main conclusions.

Middle class parents tended to share care more often and with a wider number and range of people. They had often recruited new people to their networks with whom they shared care, whereas working class families tended to "redeploy" established network members. Middle class couples did make considerable use of kin for care when available, especially grandparents and particularly in the first year of the child's life. But in addition, or instead of distant kin, most middle class families were able to call on help with child care from among their street network contacts with other

parents at the same life-cycle stage. Middle class care sequences often showed a relative shift towards greater use of local parents and more care arrangements oriented to peer play for the children. Even families with close kin in Edinburgh could get drawn into these networks, by association, normative pressures, and the demands of reciprocity. Indeed some of them had a definite preference for the less emotional and more definite arrangements and obligations of non-kin, an idea which was alien to nearly all of the working class families.

Most working class parents relied almost exclusively on kin for care, even if they had few close relatives living nearby. Moreover, working class carer sets often included a wider range of kin. Some of these kin carers lived a fair distance away. In consequence, carer sets were often more geographically dispersed for working class children, which runs counter to the stereotyped view of working class social organisation (Everitt, 1976). Care by non-relatives was mostly confined to one or two particular friends or an immediate neighbour in the daytime. Some families only turned to non-kin on rare occasions, such as a sudden illness or accident, or an event involving the relatives normally used for care. Only a few of the working class families were part of an active network of street friends. Even then sharing care might not be part of the relationships. When local friends did share care, this was likely to be on a pair basis rather than network exchange of care and was nearly always confined to the daytime. Kin care was sometimes routinised, but sharing care among non-kin by working class families was rarely on a regular basis. There were no weekly swops or mini-groups as among the middle class families. Whilst most middle class

families had an expanding carer set, commonly with a sharp increase in the second or third year, working class care patterns tended to be stable, usually involving the same few relatives over the 3 years. In contrast to the generally lower frequency of shared care for working class children, significantly more had had regular overnight care by their grandparents or an aunt from an early age.

Some working class families had reciprocal care arrangements with MZ or a non-relative, but otherwise the return for child care services to kin was mostly symbolic. Care in the street networks of Milburn sometimes consisted of multiple balancing between pairs, but also typically involved generalised exchange, especially in the evenings. Thus, families' obligations to return could be to a network or circle generally, rather than to specific individuals. Nearly half of the middle class couples belonged to a circle and all of them knew about the concept. No working class families belonged to a babysitting circle and for many the idea was unfamiliar and unpalatable.

These contrasts in care only partly corresponded to differences in overall contacts outside the family. Working class children appeared to have as frequent contacts with other people as middle class children, but were left with them less often. Moreover, social contact less often involved other children. More middle class families had no or few kin in Edinburgh. This helps explain the more **general** need in a middle class area to develop supportive relationships with non-kin. However, the location of close kin was not adequate to explain **individual** patterns, for most of the middle class families with nearby kin still used "local friends" or

even paid childcarers in addition to or even instead of relatives. Those who did have grandparents in the city did use them for care as often as most working class families, but not as exclusively. Class differences resulted as much from attitudes as from kinds of network contacts. This may be linked to the earlier discussion of uncertainty and confidence. Many working class parents evinced strong hostility to stranger care, which could embrace anyone apart from relatives. It was sometimes very generalised in its concern about violation of the home and incompetent or dangerous care of the child. To most middle class couples a stranger was seen as someone who was neither a relative nor a friend or acquaintance. Also their worries about strangers (if any) were usually more restricted to the possibility of the child being distressed. Strangers were more readily regarded as convertible through acquaintanceship. In general, then, trust was a more personal and hence more flexible attribution compared with the categorical basis of trust in most working class families. Similarly, whereas many middle class parents took part in swop arrangements which defused feelings of imposition or indebtedness, most working class families retained a fear of imposing on others with young children and did not envisage reciprocity as a means of overcoming this.

There were signs that these contrasts in confidence in relation to shared care sprang partly from the settings in which people lived and had grown up. Working class parents often saw the environment and people outside the kin network as risky in relation to children (cf. Lasch, 1977). This may be linked to the poorer physical environment of most working class families and their neighbouring ideals of privacy and

seeking help only in emergencies. Middle class families generally exhibited greater confidence in their peers nearby and in their own abilities to develop trusting relationships. Therefore, they were generally more willing to step beyond the familiar people and places for befriending and sharing care, partly because they were more familiar with techniques and means of doing so.

Of course, there are exceptions to all these patterns. There were some middle class families who had not engaged with local networks and a few working class families who did share care with several local non-kin. Numbers were small, but there were indications that those parents who were of working class origins but were middle class in education and occupation, tended to adopt middle class social and shared care patterns. However, parents who were working class in education and occupation, living in the middle class area, largely retained working class patterns of care.

There were also differing consequences which arose from the class-linked patterns and processes of care. The typical middle class carer set, derived from these local networks, had advantages of intersubstitutability, replacement and potential for expansion. They were often characterised by norms and formal practices, which most couples found supportive, although some dissented from them. Kin carer sets were less liable to loss due to mobility and could provide substitution too, but they were sometimes greatly affected by the illness or death of a grandparent.

Besides freeing parents for practical and social activities, sharing care also offers selective promotion of the child's relationships with certain others. For working class children, kin relationships and intergenerational mixing were reinforced. Middle class children too had a strong tie to grandparents, but sharing care also promoted peer relationships for both child and parents. Group care was more likely to be integrated with the middle class child's prior social contacts. They had had more relevant experience in general by means of more frequent peer interaction locally. More specifically, a larger proportion started at group care already knowing several of the children and local mothers. In addition, the middle class families appeared to be more adept at inviting others home after group care. Even when working class mothers became friendly with other mothers at group care, only rarely was the relationship extended to the home. Many working class parents did recognise the importance for peer interaction, but whereas many middle class parents consciously set out to prepare their children socially and educationally for public pre-school and school, they felt reliant on pre-schooling to do that preparation for them. In general, the middle class child's care experience may be seen as more future oriented in its preparation for group care and school. To some extent working class shared care was more linked to the past. The child's carers were often those who had looked after the parents (i.e. grandparents or mother's older siblings) or who the parents had cared for (parents' cousins and nieces). The child was thus linked into long term continuity of family relationships. Group care may then appear suddenly, with little in the child's prior experience to prepare for it.

IMPLICATIONS OF THE RESEARCH

The restricted nature of samples from small areas enjoins caution in extending conclusions to a wider population (Platt, 1971). In particular, the class contrasts were derived from only certain kinds of families. The middle class parents were mostly professionals and the working class were mainly semi-skilled home-owners, living in an area of considerable but not extreme disadvantage. Nonetheless, there is now an established body of work which has demonstrated a fair degree of consistency in the differing proportions of various characteristics of social life, primary relations and attitudes to be found in the two main socio-economic groupings. The present findings do fit plausibly with those patterns.

Sharing care can also yield lessons which have some applicability to analogous social processes or services, where assistance is given to those primarily responsible for the needs of dependent persons other than children. Concepts and classifications developed in one place with respect to one topic may well be usefully applied to other geographical and substantive areas elsewhere as sensitising ideas, provided that differences and similarities of the relevant populations are noted. Special care is required in generalising conclusions very far through time. The difficulties noted here as experienced by some children in relation to shared care may well be transient in several cases but more lasting for others (Kagan & Moss, 1960).

The sample consisted primarily of "normal" families, in the sense that they were not pre-selected for special problems or characteristics. They were all two parent

families, whose residence had recently been stable. This kind of sample was chosen deliberately to broaden the focus of day care from problem families, working mothers and single parents, whose needs are very important, but have been amply documented before. It was therefore to be expected that this sample would not identify gross unmet needs calling out for immediate attention. Yet, as we saw in Chapter Two, social policy should be concerned with the distribution of options and resources amongst the whole population in different forms (Titmuss, 1976). Thus, a cross-section of an admittedly small population can serve to show the spectrum of care arrangements, rather than isolated stereotypes. It helps identify unmet needs which may be lost in surveys which concentrate on special groups. "Ordinary" families also help show how potential care crises, such as mother's hospitalisation (which is a common reason for admission to Local Authority care) are overcome without recourse to public services. The strengths in the arrangements of most families may suggest ways of supporting those who have difficulty in managing. The costs of coping may also be revealed.

Implications for social science theory will be presented first, then practical policy considerations will be set out. This largely corresponds to the distinction which is often made between inferences for formal theory and for the substantive subject of the study (Denzin, 1970; Glaser & Strauss, 1967), but some of the policy issues extend beyond the sphere of shared care.

THEORETICAL IMPLICATIONS

Early social relations

Child development has often been depicted in psychology as largely a function of heredity, maturation processes and the treatment and responsiveness by parents, especially the mother. Of course, these are all very important, but this study helped show that from a very young age children's contacts with and care by different categories of people **outside** the family may also have a significant impact on children. Relationships with individual carers and broader patterns of shared care were seen to have characteristics and consequences other than possible effects on the mother-child emotional relationship, which has monopolised the attention of commentators and researchers. These included variations in social interaction and competence, which were partly associated with differences in social class and physical environment.

Sharing care has often been depicted mainly in terms of a distressing deviation from monotropic care by mothers, with sequences dependent on the child's maturation and the particular mother-child relationship (Bowlby, 1973). However, we have seen that families are able to function satisfactorily and without apparent detriment to the child with a wide range in the degree of inclusion or exclusion of people other than parents in care of the child (cf. Scaffer & Emerson, 1964; Tizard & Tizard, 1971). Indeed, shared care may perform positive functions for the child's and parent's independence and social involvement, as Schaffer (1978) has also suggested. This study showed that it would

be helpful to attend more to the effects of minimal shared care as well as prolonged sharing. There were signs that a child's reactions to separation from mother depended as much on the number of familiar people in the family's network and the child's opportunities for familiarisation with people outside the social network, as on the characteristics of the child and mother. Few of the children had apparently shown a sharp increase in negative reactions which has been found after about 7-8 months in laboratory reactions to strangers and home findings about reactions to separations from mother. This was because these children were mostly being left with people they were already familiar with in places they knew well. This highlights the seemingly obvious distinction between the dichotomies of familiar/unfamiliar person and mother/other person, which have often been confounded.

Many of the children in the sample seemed to have been either easy or difficult to leave consistently in their first 3 years, which conforms with conclusions from other research that individual differences in general susceptibility to separation discomfort are largely inborn (Bernal, 1973). Nevertheless, there were also strong indications from parental descriptions and explanations that social learning contributed to children's social adaptability within limits set by innate character. "Protective" parental attitudes and very limited sharing care were not necessarily beneficial or a pre-requisite for later independence as has been implicit in the work of Ainsworth and others. Rather they appeared to intensify inhibition, which created short-term difficulties for the child at the age of three. Interestingly, similar conclusions have recently been reached independently in Germany from

the Tagesmutter Project (Gudat & Permien, 1980) and in America by Thomas and Chess (1977). Earlier, Blomart (1963) noted that children of parents with protective attitudes adapted less well to separation. Hock (1980) concluded that infants of working mothers were less fearful towards strangers than those of non-working mothers. Families in this study appeared to exemplify Thomas and Chess' conclusion that difficulty in relating to the unfamiliar is probably rooted in the child's temperament (which may derive from parental diffidence), but patterns of low sharing appear to reinforce rather than diminish this trait. Whether this has any long-term importance is uncertain. It has been found elsewhere both that a diffident temperament tends to persist and that later experiences lead to considerable alterations in some people's sociability (Kagan & Moss, 1962; Thomas & Chess, 1977; von Cranach et al., 1976). There was some evidence in this sample that parental anxiety may influence both the extent of the child's exposure to shared care and how the child reacts, which conforms with the conclusions of Gewirtz (1976) and Hock (1980).

The idea of Greif (1977) that children are socio-centric rather than egocentric was supported. Well before the age of 3, most children wanted to spend time with specific individuals other than parents that they knew well. This applied to cousins and children of parents' friends as well as adults they were close to. Some children were also keen to join in more general group play, especially when they had been exposed to this via older siblings. In spite of the strong peer bias evident in the majority of children's contacts with and fondness for other children, there was also more interaction with older children than has

been assumed, partly because children at home are less bound by the rigid age grading of schools (Konner, 1975). However, this was only rarely translated into actual and active care of children by teenagers, so this form of preparation for parenthood so common in other cultures does seem quite limited here.

The amount and kind of contact with other children was not simply a product of individual children's inclinations, but was also in part socially determined by such factors as social class and care patterns. Opportunities for contacts with other adults and children (and hence possibly a child's social skills) were also affected by birth order and sibling relations, which until now have mostly been looked at from the perspective of internal family dynamics. Inter-sibling relationships have often been studied out of concern with negative effects such as rivalry, but for many of the sample children their older brothers and sisters performed positive functions as comforters, introducers and even carers.

Parenthood, Gender and Care

Until recently the conventional view of parenthood was that parents largely imposed on their children culturally learnt values and practices, which were often differentiated by class (e.g. Parsons & Bales, 1956; Kohn, 1969). This was modified in psychology by acknowledgement of how children can shape parental actions (Bell, 1970) and in interpretive sociology by that idea that parents negotiate their ideas and behaviour in a situation of normative uncertainty (Backett, 1982; Berger & Kellner, 1965). Nevertheless, there have been reminders that despite the potential

fluidity of parental behaviour, there are powerful processes which serve to maintain a sharp sexual division of labour (Hoffman & Manis, 1978; LaRossa & LaRossa, 1981).

This study indicated that parents generally do develop and modify their ideas about parenthood and about the nature of children in general or of their particular child. In both classes, ideas were altered partly in response to their children's behaviour and in part also to differences between their children. On the other hand, many parents did bring clear beliefs and values to their parenting, derived from their own sometimes considerable experience of looking after children, their training and work, or observations of other parents they knew. Parents' own upbringing exerted a cardinal influence. The novelty of parenthood had often led them to follow 'models from their own childhoods. Less often these were reacted against. This normally favoured restraint in sharing care. Analysis of intergenerational transmission has largely concerned interpersonal emotions (psycho-analysis) or child care practices. It should now be clear that a family's functioning may be influenced as much by the evolution of categories, images and beliefs in relation to children and other people's trustworthiness, responsibilities and rights. Family theory also needs to take more account of the fact that parenthood is not simply a matter of thoughts, feelings and actions within the nuclear family. There is great variation in the extent to which others may be involved with family members, as exemplified by shared care. Moreover, parents may have only partial control over this, for grandparents and neighbours may take initiatives which are difficult to refuse. Particularly in relation to kin, parents may find it

difficult to control treatment of their children of which they disapprove.

It was also clear that, despite the widespread espousal of vague ideals of equality in marriage, virtually all care patterns were premised on the traditional assumptions that the responsibility for providing and arranging primary and shared care rests with women. There was little sign of couples seeking an optimal combination of the skills and experience of both partners, such that both could share the advantages and disadvantages of employment and domestic tasks. This can be seen either as welcome evidence that children's perceived needs remain paramount for mothers or that women continue to be hampered by gender-role expectations from leading fuller lives. It can be seen as further evidence of the unfair burdens of domestic responsibility placed on women, although few respondents portrayed it as such themselves. The radical standpoints which inform much sociological or social policy writing was scarcely represented in this sample (e.g. Land, 1981; Roberts, 1981; E.Wilson 1977a). Certainly a number of women did feel bored or lonely, but these were often those who held most strongly to traditional values about motherhood and were most reluctant to separate from their child. Some fathers and rather more mothers did want greater institutional support to free mothers to work, by means of expanded and more flexible public day care. They wished to shift part of the daytime responsibilities away from mothers, but in effect onto other women (nursery staff). There was little interest expressed in favour of substantial shifts of child care responsibilities between men and women. Indeed, the active hostility of some women to feminism or to some

of the goals espoused by feminists is something to which much recent sociological and social policy writing on the family has failed to pay sufficient attention. An image of housewives as inevitably stifled or frustrated (Gavron, 1966; Oakley 1974b) would not fit some of the mothers who seemed positively contented and had an active social life. Nevertheless, there was plenty of evidence that some women were very frustrated and/or resentful that their lives were restricted, especially in comparison with their husbands.

The special predominance of women in sharing care was seldom acknowledged explicitly. Just as the actually far greater care input by mothers was incorporated in the norm of parental responsibility, so the particular importance of grandmothers and other local mothers was largely taken for granted in general references to "family" and "friends" respectively.

Class

Some commentators, like many of the parents interviewed, have held the view that class is of diminishing importance, whether because of the "embourgeoisement" of the working class or downward diffusion of middle class values (Buttimer, 1972; Young & Willmott, 1973). Goldthorpe and Lockwood (1963) argued that working class families had maintained distinctive attitudes and interests, but they also recognised a convergence in the life-styles of both working class and middle class families. Families in Milburn and Whitlaw demonstrated the continuing pervasive importance of class with respect to certain fundamental social experiences and attitudes, although it must be recalled that there were few families of intermediate

social status in the samples. The contrasts in kin relations, neighbouring and formalisation of relationships observed in the 1950's and 1960's in England and Wales (Klein, 1965) are still apparent in Scotland two decades later.

Understanding these differences may be taken a stage further in terms of differing boundaries of confidence, attitudes to strangers and capacities to establish and link relationships across contexts. The Newsons (1963, 1970a) documented differences in everyday practices of parental care to which may now be added contrasts in the ways in which other people are involved in the care of young children. It would seem that the common idea that working class parents provide less supervision of their children and that working class life fosters peer contacts in street groups (e.g. Donachy, 1979; Lewis et al., 1975) needs modifying at least in relation to pre-school children. It was mainly the middle class children who spent a lot of time interacting with peers from the same street. The different class patterns of neighbouring appeared to reflect different attitudes and responses to geographical mobility, rather than the historical social and economic characters of the two areas. Whitlaw had been a working class district for over a century but did not have the high levels of intimate neighbour interaction and service exchange, which was common in similar areas in the 1950's. Most of the families in Whitlaw had moved there after marriage, so that this old part of the city was a new environment to them. Although there was a physical and demographic resemblance to the inner city areas with close-knit communities found in earlier studies, the uneasy or friendly but uninvolved neighbour relationships were more analagous to those previously

found amongst newcomers to housing estates. Surrounded by others also unfamiliar with the district, the working class families largely adhered to existing relationships with kin and old friends, whilst middle class families usually had access to a range of individual and collective mechanisms which facilitated local social integration with other parents in an area of considerable population turnover. It seems that the conventional contrast made between settled inner city communities and privatised households on housing estates (Lockwood, 1966) is oversimple and neglects the importance of intra-urban mobility.

Family Typologies

There is a paucity of concepts about family differences other than those of class and parental roles. In this research, families revealed some groupings specific to shared care. For instance, 'sequences of care frequency and size of carer set could be high stable, continuous expanding, step expanding, low stable or discontinuous. It is also possible to distinguish three family types, which seem to have broader significance.

Firstly, there were the "home-centred" parents referred to above. They had exclusive patterns of sharing care and strong ideas about family unity, children's vulnerability and parental responsibility. Some of these families extended their wish for a particularly close relationship with their own child to openness to care for other children, too. In this respect, they may form part of a wider grouping, which also includes childminders with strong local roots and exclusive foster mothers (Bryant et al. , 1980; Fanshel 1966; Holman, 1980; Stich, 1980).

Secondly, there were "independent" families, in which both parents tended to lead active lives outside the home and the mother was involved in paid daytime work. These parents were more likely to emphasise mothers' rights as well as responsibilities. The latter were seen to require ensuring good care for the child and not necessarily providing all of it oneself. Children were mostly seen as resilient. Independence in children was highly valued. It should be emphasised that these families also held strong values about love and security for the child, but were content if this was sometimes provided by others. Apparently, some of the children from independent families are looked after by mothers in home-centred families during weekdays (Bryant et al. 1980). Their different values especially about the mother-child bond could then be a source of tension, as has been noted in studies of childminding (Erler 1980a, 1980b; Mayall & Petrie, 1977).

There was a third major group of families, which to some extent may be seen as intermediate between the other two. These can perhaps be termed "active" families. Sharing care is of medium frequency, usually by relatives or other local parents. In the latter case, shared care was mostly reciprocal, in contrast to the imbalances likely with the other two types of family. Mothers' need for a break from children was recognised, but usually mothers in these families would not work long hours and were hesitant about prolonged separation from their children.

Of course, there were exceptions to these categories and some overlapping. It is also important to heed Hartup's warning about "social mold" theories, that they should take account of the contribution of the child to

family patterns and not assume that it is only the characteristics of parents which determine the style of family life within broader social constraints (Hartup, 1975). Moreover, these family types could have different expressions according to class. In the middle class, active families were those most integrated in street caring networks, whereas their working class equivalents would be involved with a wide range of kin and just one or two other local mothers.

Network Theory

It was clear that families did rely heavily on their social network resources for most everyday and crisis child care support. This was usually highly differentiated according to distinct network segments, in partial accord with the model of Litwak and Szelenyi (1969). In both classes, major care commitments tended to call forth kin aid, whereas sudden brief emergencies were seen to legitimise use of neighbours by virtue of proximity alone. However, especially in working class families, kin did also meet immediate care needs even when they lived at some distance, whilst "friend-neighbours" and paid carers dealt with routine and longer emergency care needs in some middle class families.

Whereas most sharing care was done only by people living very close to the child, kin quite commonly performed regular and quite frequent care functions from distances up to 50 miles. Not only were kin seen to perform major services for most families in spite of constraints of distance (as was established 20 years ago) but most parents themselves held a strong value that their child care needs should be met primarily

from within the resources of the nuclear or extended family. The widespread wish for group care services was not related to the unwillingness of kin to shoulder responsibilities, but to a recognition that there were aspects of children's needs which could not be readily met within the network and were better done on a communal basis.

Often sociological consideration of kin relationships in general has masked the significance of particular relationships. This study suggested that the special salience of the grandparent-parent-child triad in our culture would repay more detailed attention. For many children, grandparents were the prime carers and main attachment figures after parents. There were also distinctive expectations and rights commonly associated with grandparenthood.

Network services can inhibit people's geographical mobility or ease its consequences. Middle class families' mobility was facilitated by the fact that support was rapidly forthcoming for routine needs from street networks, that distance did not prohibit crisis care by relatives and that child care could often be paid for. Working class families could also maintain their kin support over some miles, but loyalty to kin for sociability and even more exclusively for child care support could be a restraint on movement. At a time of high unemployment, sensitivity to such social ties should weigh with other considerations about whether efforts should be made to develop work where people live or to encourage people to move to where work opportunities may appear greater, perhaps chimerically.

With regard to network form, the notion of connectedness was shown to be a useful one especially when linked to concepts of exchange. However, the meaning, history and context of connections require more subtle elaborations than has been shown in the recent trend to quantification, in which all links between people are treated as comparable units. Connections need to be differentiated according to function. Sometimes, the main carers were those with whom there was most frequent social contact, but social interaction could also be quite separate from care contacts or independent in frequency. As Cubitt (1973) showed, it is rarely appropriate to deem individual's total networks as dense or loose-knit, for most people have several sectors, each of which is largely separate from other sectors but has some degree of internal connectedness. High connectedness was to be found amongst kin, but also in middle class street networks. This contradicts the view of Bott (1971) that it was mainly middle class mobility which predisposed them to loose-knit networks. Sharing care amongst non-relatives who were interconnected was more likely to develop into organised groups, such as mini-playgroups or babysitting circles. Connectedness was also an important means of providing substitutability of carers and of disseminating information and views about sharing care in general or nursery schools and playgroups in particular.

It was apparent that Bott's restriction of "connectedness" to situations where others know and meet each other independent of the key family, whilst a useful distinction in some respects, also excludes some important kinds of relationship linkages (Bott, 1957 p.59). Quite often non-independent connections, as

between the two sides of a kin set or amongst local parents, provided significant channels of communication, perhaps in arranging care or by necessitating balance between "competing" carers. Others have drawn attention to the fact that the overlap in networks of father, mother and child is not total (Cochran & Brassard, 1979). This often corresponds to a temporal distinction, in that mothers and children may have some contacts in the weekdays entirely separate from those shared by the whole family at week-ends or by parents only in the evenings. Those which engage the whole family are also more likely to involve men in care of others' children.

The sharp distinction between networks and organised groups (Barnes, 1969) may not always hold up in practice. Thus, a babysitting circle is a group with boundaries, structures and organising principles, but much of its day to day operations derive from communications between members who know each other as friends. Even more so mini-groups, street caring networks and coffee groups exhibit some of the characteristics of both groups and networks, because the separation of "members" from others they are connected with is only partial in function and timing.

Little attention has been given to network change. Some networks are fairly stable, like those of many working class families consisting of kin and well established friends. Others may maintain their form but frequently alter their composition, as in the rapid turnover in some middle class street networks. This study suggested important systematic alterations related to status transitions over the life-cycle. Marriage or even engagement to parents' siblings

automatically tended to confer the trust of family membership for care on the new spouse or fiancé(e). On the other hand, marriage and parenthood of a child's aunt or uncle could mean that they were or were seen to be less available for care, because of their commitments to in-laws or to their own children. Infirmary and death in the grandparent generation can reduce a family's care resources in a major way, but retirement sometimes increased involvement in sharing care.

Developmental patterns were even more evident for non-kin. Parenthood often led to a loss or filtering of contact with old friends. New, more localised friendships were then frequently developed with people at the same life-stage, especially in relation to the first child. It has been generally acknowledged that parents affect children's friendships (Rubin, 1980), but it is now clear that children often have significant impact on parents' friendships, too, contrary to early research findings (Babchuk, 1965). This process of stage-grading was emphasised by the daytime denuding of neighbourhoods of most people except mothers with young children and the retired. The very localised nature of non-kin shared care and other daytime contacts highlighted the importance for families at this life-cycle stage of the physical and social character of their immediate environs. Contacts with immediate neighbours could bring care by people of varying ages, but beyond that both care and contacts were selectively associated with perceived similarity, as Nahemow and Lawton (1975) also found. Therefore, opportunities to mix with other parents and hence potential carers could depend greatly on the density of young children in the street and the perceived

friendliness locally.

The working class mothers did not appear more restricted in their activity spaces within Edinburgh than middle class mothers, as might have been predicted. This was because working class families usually had a wider range of kin in other parts of the city, whilst middle class mothers daytime contacts often centred on street friends. However, there was evidence that middle class families had wider action spaces relevant to shared care. For instance they could often make use of indirect contacts to arrange for babysitting and had the connections as well as the money to arrange employment of au pairs or daily helps. They also made greater use of nursery schools outside their vicinity, which was more possible for many because they could drive there.

Exchange theory

Concepts derived largely from the exchange of commodities or women between groups of people in technologically simpler societies were seen to give insights into the interpersonal services of individual families in a modern urban setting. It was also apparent that the feelings and attitudes of recipients of help with child care were vital factors in determining whether exchange relationships were initiated, maintained or ended. These need as much understanding as the motivations of service-givers which most researchers have considered (Abrams, 1980; Burgess & Nielsen, 1974; Titmuss, 1970). A strong sense of social obligation to give something back for what has been given was shown by respondents. This often overrode apparent self-interest (cf. Mauss, 1954).

People's fears of imposing and concern not to receive something for nothing suggests that those wishing to give help may do well to accept some form of repayment, even if it is in token form. Otherwise help may not be asked for again and the helping relationship may be curtailed, because the exchange is perceived by the recipient as too unbalanced.

The hypothesised differences in types of exchange and meanings of reciprocity amongst kin and non-kin were largely corroborated with respect to shared care. Kin aid was often given freely as a result of feelings of responsibility, entitlement or intrinsic reward. It often took the form of complementarity, rather than reciprocity. Equivalence of return was particularly avoided with grandparents, who would be hurt by the implication that their motives consisted of something other than a sense of family responsibility. Nevertheless, receiving help from kin did also usually invoke feelings of obligation to make a return either by token gifts or by other actual or potential services. Thus reciprocity in relation to kin was usually tacit, indirect and often delayed. With friends and neighbours, equivalence in exchange was normally expected by the receiver, though not necessarily the giver. It was felt to be difficult to make demands on non-kin when some kind of reciprocation was not possible. Balanced exchange was preferable, as this avoided worries about imposing or being imposed on. Strict equilibrium was more characteristic of larger babysitting circles, whereas smaller non-kin carer sets exhibited a desire for less exact forms of reciprocity (McCormack, 1976). For both kin and non-kin, monetary returns were felt to co-exist uneasily with affective closeness. Therefore, cash payments for care were largely confined

to carers of lower social or financial status.

The babysitting circle and its less formalised equivalents demonstrated that natural service giving based on proximity and not kinship can occur, pace Abrams (1978). However, being near-neighbours was a necessary rather than sufficient condition for this. Similarity of life-stage and mutuality of need were also required for reciprocal exchange to occur. Whilst some care between "local people" was provided on a single or multiple pair basis, circles and street networks often exhibited generalised exchange, which facilitated the matching and storing of time surpluses and deficits more readily than dyadic balance, just as money has advantages over bartering. Generalised exchange provided opportunities for wider social integration and the diffusion of service obligations. On the other hand, as both Hornstein (1978) and Weitman (1978) have pointed out, some people are excluded or exclude themselves from mutual aid networks, because they do not fit membership criteria of residence, are of the "wrong" family type or are not in favour of this way of sharing care.

Forms of exchange were related to class, because of the network differences. Vertical unbalanced exchange with kin and vertical balanced exchange with paid childcarers were found in both classes. Working class exchange was nearly all dyadic, but a good many middle class parents were linked to generalised horizontal exchange networks. Horizontal pair exchange by middle class families was nearly always with street friends, whilst a few working class mothers reciprocated in this way with their sisters.

The issue of motivations for exchange rests to a considerable degree on how far intangible benefits are included in self-interest or not. Undoubtedly, most people are reluctant to give, unless there is at least some psychic "reward" (Abrams, 1980). A number of parents commented that they themselves or their network members had definite limits in willingness to look after others' children. On the other hand, it was clear that most parents were reluctant to take something without giving something back. Some offers of help with care were not taken up, partly because there would be little opportunity to return. The strong values of putting children's needs first and not imposing on others also suggested that considerations other than self-interest were important in care exchange relationships.

- . In considering exchange theory, social policy writers have mainly considered limits of willingness to give, but it seems equally important to understand to whom people are prepared to turn for aid. Support was forthcoming for the idea put forward in Chapter Four that concentric "we-group" categories of legitimacy or desirability for giving help may also apply to some forms of accepting help. Most parents tried to avoid dependency. The widespread value against imposing on others and willingness to retain responsibilities within networks lends little support to the popular idea that families may be wishing to abdicate from their responsibilities. At the same time, it seemed that friends and neighbours were rarely seen as suitable for very frequent or extended care demands. With respect to care and personal support it appears that most people prefer to turn to kin and official agencies when major needs arise (see also A.Mitchell, 1981; Schaffer &

Schaffer, 1968).

Pointers for further research

Enterprises of discovery can extend awareness of ignorance and uncertainty as well as of knowledge. It is hoped that the value has been demonstrated of an integrative approach to the study of family life, which acknowledges the interplay of external and internal relationships. This should be seen as complementing and advancing studies of more limited scope or more specific technique, rather than substituting for them. Therefore, it is suggested that multiple perspectives on families could be usefully extended, but more detailed examination of some aspects are also required. The kind of analysis carried out here needs testing with respect to other geographical areas (rural as well as urban) and different features of primary relations. It could also be applied to other family types, such as one-parent households, the very rich or the very poor. Psychology and sociology have rightly given precedence to the understanding of parents, but it is high time that the contributions of adults and children outside the nuclear household are examined. This should be done interactively and not simply by shifting attention to other parties one at a time, as has happened with respect to fathers and siblings over the last decade. Longitudinal studies which trace changes in parental care, non-parental care and social relationships over the life-cycle are called for. The important influence on these of additional children and of the same child at different ages was seen in this research and merits further attention. The most striking need for specific analysis in relation to sharing care would appear to be the use of more objective assessments of children's

social and personal development in order to examine their association with parental life-style and sequences of care.

POLICY IMPLICATIONS

Gil (1973) has criticised the common tendency to perceive policy only in terms of collective services, whether residual or institutional. Like Titmuss, he believed that a framework for policy analysis should also include the implications for the allocation of resources, statuses, functions and rights within the context of general social and economic relations. This evaluation of shared care practices has revealed how families meet their varying wishes and needs for assistance with child care according to:-

1. personal or group loyalties i.e.
network care.
2. collective action i.e. nursery schools
and some playgroups.
3. the private market i.e. some
playgroups, paid
childcarers.

It is possible to generalise from this certain deficits which either parents themselves or some outside criterion suggests ought to be remedied, i.e. felt or expert need. However, it is insufficient for a researcher simply to document apparent needs to be met or changes to be made, for these may require changes in the attitudes of the general public or those with power (e.g. about the economy, distribution of resources, gender-based roles) which are unlikely to occur at least in the short run. In particular, past experience has shown that forms of sharing care which require public expenditure have been especially

resistant to development at times of general economic difficulty, partly because of their failure to gain consensual approval. In consequence, it is important to recognise that any implications from this research which require substantial shifts of resources or attitudes may well not be heeded or realised.

Given the considerable attention devoted to group care in other research, there is less that is novel about the findings on that aspect of care, so that will be dealt with more briefly, before the implications of non-group care are considered.

Group care

This study has assembled a strong case for the availability of group care places in some form for virtually all children well before the start of compulsory schooling. The great majority of the families interviewed met most of their routine and exceptional shared care needs satisfactorily before the children were three from within their networks or less commonly by paying for care. Nonetheless, nearly all of the parents felt their children needed and benefitted from group experience apart from parents with at least some professional staff from the age of 3. There was little support for this before children are two, but a fair amount of demand for group care opportunities to begin between 2 and 3. There was little indication of two types of family wanting entry at 3, one at 4, as Plowden (1967) suggested, though some did want a progression from a less to a more formal setting at four. Even in this relatively problem-free sample, many mothers and children and a few fathers would have felt considerable pressure or frustration in coping without

group care. Parental recollections of their own experiences and expectations for their children indicated that group care may also help reduce school entry trauma and so reduce early disaffection with the education system. Therefore, an argument for the general expansion of financial support to pre-school establishments can be made independent of (though not contrary to) the interests of mothers who work or want to work. Often the case for more nursery care has been premised partly or mainly on the needs of working mothers (e.g. Clarke-Stewart, 1982; Hughes et al. , 1980), but there is a widespread hostility to the idea that children should attend group care so that mothers may work. The social and emotional needs of children would be likely to gain more popular support for such expansion. Furthermore, pre-schooling should not be seen as a residual service, whose main functions are compensation or prevention for the disadvantaged. They may also be valued for giving young children a child-centred environment where they can interact with others - something which is generally lacking in modern towns designed largely with adults and traffic in mind (Renner, 1982).

The similarity in what people wanted and gained from group care lends support to the idea of comprehensive centres, as advocated by Hughes et al. (1980). However, it did seem that two main kinds of setting were wanted. These corresponded broadly to some features of the present distinction between nursery schools and playgroups, such as the size, intimacy and length of time the child stays. This could be provided in the same local centre, but Ferri and her colleagues (1981) showed that it may be difficult for staff in multi-purpose centres to be flexible to meet

differing needs without also maintaining status distinctions for different kinds of family. Some standardisation is also helpful for activity planning and staff organisation. Also many parents clearly liked a range of choice and took advantage of the fact that pre-school intake has no catchment areas in order to "shop around". Where nursery school provision is high, then playgroups are likely to lose custom. Then they may need to adjust their role to that of a preparatory setting rather than a substitute for nursery school, as some already do. There was no support for the view that different kinds of provision are needed in different areas or for different classes. Indeed, it would appear that policies which concentrate on working class areas penalise families in middle class districts. Although it may well be true that there are a number of very poor families who are too hard pressed for playgroups to be of relevance (van der Eycken, 1977a), it appeared from this sample that preferences between nursery schools and playgroups were related to attitudes which were independent of class.

Contrary to professional opinion, the issue of parental involvement in helping to run a group was not a matter of central importance to many mothers, let alone fathers. Most mothers were keen to help with social and fund-raising events, however. It would seem that more flexibility is needed, for playgroups may demand an involvement which some mothers do not want and nursery schools may offer insufficient opportunity for some mothers to meet others and be involved with care of the children as they wish.

It would seem desirable to make more effective advice and supervision available to miscellaneous group arrangements, some of whose standards fall below those of official group care.

Attitudes to sharing care

Several policy commentators have pointed to the need to ground our understanding of social policy in knowledge of people's ordinary day to day lives (Cullen, 1979; Sinfield, 1980). The analysis of non-group care yielded much descriptive material about how children spend their time in everyday life and with whom. This can in itself be a valuable "backdrop" to all kinds of understanding and decision-making (Lawson & Ingleby, 1974). More specific conclusions may also be drawn.

It was shown in Chapter Two that many policy pronouncements, research documents and "expert" advice embodied attitudes unfavourable to non-maternal care. These do not explain the many inhibitions most parents felt about sharing care, as these mostly went back at least one generation. They do lend support to the antipathy, doubts or guilt felt by many about sharing care. A more positive view of sharing care by the public at large and by policy makers seems desirable in the light of accumulating evidence that sharing care more than occasionally is a normal part of most children's early life. It may bring benefits of wider social participation and independence to both the child and mother, provided that there is a stable home offering reasonable care. This could also assuage the guilt expressed by some of the women in this study with regard to work or taking breaks from the child, which they have been led to believe is neglectful

(Ungerson, 1982). Individual families may gain from assistance in extending their boundaries of trust from an early age in order to avoid later difficulties for the child at the time of entry to group care or school. Low sharing was hardly ever due to the absence of willing carers, so that more frequent use of existing carers might be both more helpful and more acceptable than extending the carer set.

Many mothers wanted to work part-time rather than full-time or not at all, an arrangement which Gutan and Permien (1980) also concluded was often best for families. Therefore, fiscal and organisational changes affecting the work hours of men and women, together with official pronouncements more favourable to mothers working part of the time, could be very helpful to families.

It may be that chronic unemployment and technological development will reduce the segregation that has occurred in modern industrial societies between work and home. As there are some people who want to work more than they do (unemployed people and some mothers), whilst others work very long hours, it would seem that efforts to redistribute work time would lead to greater equity, as well as more opportunity for men to reduce the female preponderance in child care (cf. Gronseth, 1978). Of course, there is strong organisational and ideological resistance to changes in work arrangements. This means that many parents have to make difficult adaptations in order to enable the mother to pursue the activities for which she was educated. This sample illustrated that many qualifications and skills acquired by mothers at considerable cost to themselves and society were lying

fallow.

The role of professionals

Professionals impinge on shared care in two main ways, as advisers and as group carers. These two groups tend to be administratively separate and only sometimes in close contact through the nursery school medical services. It would seem that the excellent information and support given by some health visitors could be made more widespread and systematic. Parents normally need this kind of assistance when the child is aged about two. At that time, booking becomes necessary and often children begin to become restless and interested in group interaction. It could be that more direct sharing of information by the Education Department would be beneficial, though the evaluation of some methods by Haystead et al. (1980) revealed little impact. Health visitors and other professionals may also have a role to play in linking people more effectively to trusting street networks.

Probably group carers would benefit from knowledge about the prior care sequences of new entrants, although this may not always be practical and might sometimes be intrusive for families. Patterns of previous shared care and the child's reactions to them, experience of miscellaneous care, general shyness/sociability and previous contacts with peers can all affect how the child adapts to group care. More discussion with parents about their attitudes to separation, settling and participation may also be helpful to all concerned. In the past, the majority of entrants to primary school have lacked (or been seen to lack) previous experience of group care or even of any

shared care. This has set the standard of expectations about what newcomers can or cannot do (Valentine, 1956). Now that most children who start school have been to some kind of pre-school group, it could well be that ideas about their adaptability, social competence and settling requirements may need revision.

As group care is seen by parents (and often by teachers too according to Taylor et al., 1972) to be as much a social experience as an educational one, then it seems that group carers could also pay more attention to their wider social functions for the whole family. Some mothers would welcome more opportunity to use the group as a means of becoming acquainted with others. Those already closely involved in street networks could well assist in the more systematic dissemination of information about group care. Many fathers have taken their children to or from group care but have had no further involvement. Even during the daytime a fair number of fathers are at home because of shift work or unemployment, whilst some mothers are out at work or do not want participation in the sense of helping to look after the children. Perhaps efforts to encourage parental involvement in group care could be more sensitive to this diversity.

Family vulnerability and community support

This study was not directed at families with major difficulties or child disorders, which have been well investigated elsewhere (See e.g. Rutter, 1975). It was possible to identify some features of families not facing severe environmental or interpersonal difficulties, whose situation might be helped if there was greater awareness by those involved in public

services.

It has been found that high levels of stress occurs for an especially large proportion of young mothers, especially if they are more isolated and/or working class (Brown et al., 1975; Gavron, 1966; Richman, 1978). Responses by women to major role changes such as parenthood can be greatly affected by the nature of formal and informal supports available (Bain, 1978; Burr, 1973). From this study, comparative isolation from social contacts and child care assistance largely resulted from a combination of a lack of healthy close kin in the city and non-engagement with street networks. This was most pronounced before children started to attend group care. Mothers with a reserved personality or whose first language was not English found particular difficulty in developing local support. Some working class mothers appeared to be especially at a disadvantage if close kin were not available. Families near to them would mostly have their needs met by their kin, so there was less impetus for reciprocal shared care to arise from mutual need as well as fewer mechanisms for mixing compared with middle class families. Such mothers might well find it easier to mix if this was facilitated by contacts with a Health Visitor or group carer. Cheap public transport for the over 60's also helps maintain support by older grandparents.

A small number of families felt restrictions or tensions because their particular child was very difficult to leave with others. The extra demands of twins placed greater stress on parents, yet made them more reluctant to obtain relief, because of the additional imposition. The time when parents usually

had least help with child care was in the first year yet this is the time when mothers may be especially vulnerable to depression (Oakley, 1979). Yet parents were reluctant to trust others' competence with their baby or to impose the physical care required. Given that grandparents were most trusted at this time, and often made themselves especially available, families without such aid could be particularly under stress. There could also be a difficult time after a child was two, when an isolated mother might feel pressured by her child's expanding activity and interests. Health Visitors had often ceased contact by this stage. Parents were also more likely to be under more stress with their first child. For mothers in particular this entailed not only the obvious psychological adjustment to the loss of work role and to the new responsibility for a dependent human being, but also often a reduction in social support as contacts with former workmates and other working friends tended to decline. This could be compensated for by increased interaction with kin or other local mothers, but usually the building up of local relationships took time.

Although only one single parent was interviewed, it became apparent from the arrangements made by couples that families lacking two adults could be handicapped in several ways in relation to shared care. Firstly, internal sharing is impossible and this was often a major help to mothers. Secondly, one parent cannot "split" as couples do in order to reciprocate for babysitting. Thirdly, single parents frequently work during the day and so miss opportunities to make contacts with local people as potential friends and carers.

It could be that both professionals and "natural neighbours" (Collins & Pancoast, 1977) could help isolated or more "protective" families to join in more social activities. It was also clear that group care contacts could help involve such mothers more with other people. When places do not match demand, there may be a case for giving priority to families who are isolated, or who have twins, first borns or a difficult child.

"Community care" has become a shibboleth in many welfare fields. At its best it can represent the idea of maintaining individuals who have health or social difficulties outside of institutions, so that their lives are as normal as possible. It can also be an excuse for evading public responsibilities, placing more domestic burdens on women or on community supports which do not exist, at least in a form relevant to the people concerned (Finch & Groves, 1980). Doubts have been expressed about the viability of naturally occurring neighbourhood supports apart from kin networks (Abrams, 1978). Fisher (1975) averred that propinquity may by itself engender "quite meagre mutual obligation" (p. 74). However in America there has been successful co-operation with "natural neighbours" for childminding (Collins & Watson, 1969).

In relation to shared care, the vitality of mutual assistance amongst kin was confirmed. In both classes, close kin often overcame considerable frictions of distance not only for routine care needs, but also to help with the kinds of "crises" such as mothers going into hospital, which in less well supported families may lead to reception of children into public care. However, in the middle class area mutual help had developed on a territorial basis with non-kin in the form of street

care networks, babysitting circles and mini-groups. Contrary to some assertions (e.g. Stacey, 1969), these self-help social systems did not require a comparatively immobile population but were quite compatible with considerable geographical mobility amongst those concerned. These could serve as models for other kinds of community support (e.g. for the elderly or handicapped). It has been demonstrated that a high rate of population turnover and relatively short-term involvement in an area were not necessarily incompatible with intensive neighbouring and ongoing support, provided that the appropriate social skills and/or communal norms and systems are present. This supports the view that it is reciprocity rather than altruism, or perhaps embracing altruism, which is the key process in community care (Abrams, 1980; Leat, 1982; Sundstrom, 1983). Nevertheless, there were limitations because of requirements of balance and similarity. This meant that the families concerned had to have needs of the same kind and that a family's need for help had to be comparable to its capacity to give. However, generalised exchange does mean that it should be possible for the majority to share a small surplus of giving such that a few with care deficits could be incorporated without overburdening others. It would appear that working class people might well need greater opportunities for familiarisation with each other before engaging in such a multiple care network.

Linkages between non-related families can sometimes be based on complementary rather than reciprocal needs. This was seen in the fairly common tradition for teenagers to exchange care for cash with parents of young children. Again this might be a concept transferable to other kinds of needs.

CONCLUSIONS

We have seen that shared care is a normal part of most children's experience. It takes various forms which evolve in association with developments in families' social networks. Important transitions in social life occur when a couple have their first child. Further modification may well happen as the child's needs and capacities are seen to change and as additional children are born. Strongly held values and beliefs have been transmitted from one generation to the next which emphasise parental responsibility and restrict the frequency and justifying circumstances for sharing care. As a result it would seem that some of those parents least likely to neglect their children have taken a view of shared care which is very limiting and may hamper a child in its social development. However, some parents learnt from experience to be more relaxed in this respect with later born children.

Parents' sex and class had a major impact on patterns of shared care. Men were fairly marginal in their contributions to care of other people's children or arrangements to share care of their own. However, their willingness and availability to give some relief to mothers' predominant care was an important factor in differentiating families. The uneven distribution of domestic responsibilities and outside work opportunities between men and women appeared to be taken for granted by nearly all respondents. Criticisms of this state of affairs mostly took the form of a desire for marginal rather than fundamental changes. Social class exerted its strong influence particularly through contrasting perceptions of people inside and outside the existing social network, which was also related to the

nature of the neighbourhood in which people lived. Children often affected directly or indirectly their parents' relationships outside the family. This was assisted by the emphasis on peer and kin relationships. The comparative importance attached to these tended to vary according to social class.

What may be inferred from such findings naturally depends on the values of the person who makes the inferences. An incrementalist could conclude from the present study that most ordinary families are coping all right with considerable network support. Anyone supporting an institutional framework would suggest that the expansion of group care services is necessary to enhance the lives of the majority of children and parents, as well as giving help to a minority with extra needs. A radical marxist or feminist would find much evidence of the wider range of resources and choices open to middle class families or of the costs to women, children, men and society from the unequal divisions of responsibility for care between men and women. What is important is that such value judgements should be linked to as full an understanding as possible of families' everyday lives. It is hoped that this study has demonstrated that our knowledge of the care experiences of particular children in different types of family is enhanced if we take account of the shifting social relationships of both parents and children inside and outside the family.

Appendix 1

GLOSSARY

General Terms

SHARED CARE - any situation where a child who is living with his or her parents is looked after by someone other than the parents for any reason and for any length of time.

SHARING CARE - the processes whereby children living with their parents come to be in the charge of other people.

CARER - anybody who looks after the child, other than the parents.

BABYSITTER - a carer who looks after the child in the evenings, i.e. when a young child would normally be asleep.

GROUP CARE - all forms of non-residential shared care outside a child's home in which a sizeable group of children are involved. Legally, 8 children is the lower limit, but the PPA recognises groups of 6 or more children (Blackstone, 1971). There are a wide range of groups which fall within this definition (see "Miscellaneous group care" below). In this study group care normally refers to nursery schools, playgroups and nurseries, i.e. forms of care which are usually attended more than once a week.

GROUP CARERS - people who look after children in group care - nursery nurses, nursery teachers, playgroup leaders, assistants etc.

Specific forms of care

LOCAL AUTHORITY DAY NURSERY - a facility offering fulltime daytime care for children from babyhood to 5 years, with selective admission criteria (e.g. single parent family; child "at risk").

LOCAL AUTHORITY NURSERY SCHOOL - Strictly, a nursery school is an educational establishment for the under fives which is independent from a primary school and has a separate head. However, for the sake of brevity, the term will be taken to include nursery classes (see below), except when it is important to distinguish the two.

LOCAL AUTHORITY NURSERY CLASS - an educational establishment for the under fives, which is attached to a primary school, sharing the same head.

PRIVATE DAY NURSERY - a day nursery run for profit.

PRIVATE NURSERY SCHOOL - a nursery school run for profit.

WORK CRECHE (WORKPLACE NURSERY) - a day nursery provided at a place of employment, usually with some kind of subsidy by the employer.

COMMUNITY PLAYGROUP - a voluntary group for children organised by a committee on a non-profit basis. The distinction between community and private playgroups follows the usage of Watt (1976).

PRIVATE PLAYGROUP - a group run by an individual or several individuals for profit.

MOTHER AND TODDLERS GROUP - unlike all the others, this is a group where the parents (mothers) are present all the time, so that it is not a form of shared care or group care, as defined above.

MISCELLANEOUS GROUP CARE - this refers to a variety of group care types which are normally omitted from consideration. These include church creches, Sunday

schools, sports creches, dancing classes, groups for gifted children and creches set up to free parents for occasional specific purposes, such as an adult literacy scheme.

CHILDMINDER - a non-relative who looks after a child away from the child's home for more than 2 hours a day (N.Smith, 1977).

Modes of public intervention

PUBLIC PROVISION - group care provided by Local Authorities under central government statute, i.e. day nurseries, nursery schools and nursery classes.

REGULATED INDEPENDENT PROVISION - private, voluntary and self-help arrangements of shared care outside the child's home, which by Central Government statute have been made subject to Local Authority registration, inspection and stipulations. The main types are private nurseries and nursery schools, work creches, playgroups and childminders.

REGULATED AND SUPPORTED PROVISION - regulated arrangements as above, which receive some Local Authority funding, e.g. some playgroups, "professional" childminders, daycarers.

NON-REGULATED SERVICES - shared care by relatives anywhere and by non-relatives in the child's home or for under two hours outside the child's home.

Appendix 2

OUTLINE OF RELEVANT LEGISLATION, GOVERNMENT POLICY DOCUMENTS AND GOVERNMENT SPONSORED REPORTS

This is not intended to be exhaustive, but to give the major policy statements by governments and recommendations to governments by officially sponsored reports, which have had relevance to shared care since 1870. Scottish law is the same as English law with respect to children's legislation, but is separate though usually parallel in the field of Education. In some instances, the date of implementation was later than the year of enactment (e.g. Local Authority Social Services Act, Equal Pay Act). Some Acts have not been fully implemented yet (e.g. Children Act, 1975). The source of information for each item is indicated in parentheses at the end of each section. An asterisk (*) indicates that details are summarised from the document itself.

- 1870 ELEMENTARY EDUCATION ACT - set the lower limit of compulsory education at 5 years (Hadow, 1933).
- 1872 BOARD OF EDUCATION REPORT - established the age of 3 as the minimum for which grants for the education of children could be made by Local Authorities to voluntary schools (Hadow, 1933).
- 1905 REPORT OF THE BOARD OF EDUCATION INSPECTORS - children aged under 5 attending ordinary schools were thought to be gaining no intellectual profit, but were seen as suffering from drill teaching methods. It was recommended that children under 5 should no longer attend primary schools, but go to separate nursery schools (Hadow, 1933).
- 1908 REPORT OF THE BOARD OF EDUCATION CONSULTATIVE COMMITTEE - argued that nursery schools should

cater only for those from unsatisfactory homes and that care of under fives should otherwise always be at home (Woodhead, 1976).

- 1918 MATERNITY AND CHILD WELFARE ACT - for the first time, this permitted local **welfare** authorities to set up their own day nurseries and to receive grants from the Ministry of Health. Fees could be charged (N.Smith, 1977).
- 1918 (1) EDUCATION ACT, and (2) EDUCATION (SCOTLAND) ACT - funds were made available for the first time for local **education** authorities to set up their own nursery schools, as well as aid voluntary schooling. Nursery schools were to be free and to cater for children aged 2 to 5 years old (Ferguson & Fitzgerald, 1954; J.Tizard et al., 1976).
- 1933 THE HADLOW REPORT (The Report of the Consultative Committee on Infant and Nursery Schools) - regretted the reduction in nursery school facilities since 1900 and reaffirmed the value of nursery education. Its significance for the prevention and screening of physical and developmental problems in children was emphasised. Age 3 was regarded as a reasonable lower limit. (*)
- 1943 BOARD OF EDUCATION WHITE PAPER "EDUCATIONAL RECONSTRUCTION" - included the first government acknowledgement that nursery schools are needed in all districts and that even children from good homes can benefit from them (Blackstone, 1971).
- 1944 EDUCATION ACT, S. 8 - stated that Local Authorities must "have regard" to the need to provide nursery education for under fives, where this is considered "expedient" (Plowden, 1967).
- 1945 MINISTRY OF HEALTH CIRCULAR (221/45) - advised that day nurseries should concentrate on the

over-2's with special needs. The policy should be for mothers of under-2's to be discouraged from working (Fonda, 1976; E.Wilson, 1977a).

- 1946 EDUCATION (SCOTLAND) ACT, S. 1 - made it a duty for Local Authorities to provide "adequate and efficient provision" of "all forms of primary, secondary and further education". Primary education was defined as including that provided in nursery schools and classes from the age of two. The provision of nursery education would be "deemed adequate if such provision is made at centres where sufficient children whose parents desire such education for them can be enrolled to form a school or class of reasonable size". Thus, it was a duty to provide nursery education for over twos according to local demand. (*)
- 1946 NATIONAL HEALTH SERVICE ACT, S. 22 - laid a duty on Local Authorities to make arrangements for the care of children under five. Also permitted Local Health Authorities to contribute to voluntary bodies for the same purpose. (*)
- 1946 "NOT YET FIVE" (Ministry of Education and Ministry of Health circular) - sought to encourage **women** to work in nurseries. It also suggested that any **mother** could trust the quality of care to be as good as home. The references to females but not males implies that only women would want to work in a nursery and that it was only mothers' work which created the need for nurseries. (*)
- 1947 NATIONAL HEALTH SERVICE (SCOTLAND) ACT - gave almost identical instructions to those of the English Act of 1946. (*)
- 1948 CHILDREN ACT - set up the children's department in Local Authorities to provide residential care. Day care and preventive services in general were not

considered. (*)

- 1948 SCOTTISH HOME DEPARTMENT CIRCULAR NO. 6913 - stated the principle of keeping families together if at all possible (McBoyle, 1963).
- 1948 NURSERIES AND CHILDMINDERS REGULATIONS ACT - defined childminders as non-relatives who look after children for a substantial part of the day for reward. Nursery premises and persons who acted as childminders were legally required to register with Local Health Authorities. The latter were given powers of inspection, imposition of conditions and prosecution for non-compliance. (*)
- 1951 MINISTRY OF HEALTH ANNUAL REPORT - said that day nursery places should go to those with health and social needs, not to working mothers (J.Tizard et al., 1976).
- 1960 MINISTRY OF EDUCATION CIRCULAR 8/60 - asked Local Authorities to keep provision for under-fives to 1957 levels. Expansion was ruled out on grounds of economy. Part-time places were seen as a means of making the same amount of provision available to more children (J.Tizard et al., 1976; Whitbread, 1972).
- 1963 CHILDREN AND YOUNG PERSONS ACT - permitted for the first time the expenditure by children's departments on assistance in cash or in kind in order to prevent reception into care or to promote rehabilitation from care. (*)
- 1963 MCBOYLE REPORT (Report of the Committee of the Advisory Council on Child Care - "Prevention and Neglect of Children") - advocated a preventive family service for Scotland. (*)
- 1964 KILBRANDON REPORT (Report by the Committee appointed by the Secretary of State for Scotland - "Children and Young Persons: Scotland") -

recommended a unified education department to deal with children in need and recognised the desirability of a broad family service. (*)

1964 DEPARTMENT OF EDUCATION AND SCIENCE ADDENDUM TO CIRCULAR 8/60 - urged that nursery school places were to be made available to assist trained teachers to remain at work or return to work (Tizard et al., 1976).

1966 MINISTRY OF HEALTH CIRCULAR - day nursery places could likewise be additionally provided for use by nurses (J.Tizard et al., 1976).

1967 PLOWDEN REPORT (Report of the Central Advisory Council for Education (England) - "Children and their primary schools") - recommended universal nursery education on demand for children over 3. Estimated that this would necessitate fulltime places for 15% of those aged 3-5. (Note: a full time nursery school place is shorter than a day nursery full-time place and than normal full-time working hours). It was thought that part-day places would be needed for 50% of 3-4 year olds, and 90% of 4-5 year olds. (*)

1968 MINISTRY OF HEALTH CIRCULAR 37/68 - averred that wherever possible pre-school children should be (a) at home, and (b) with their mothers (Hughes et al., 1980).

1968 HEALTH SERVICES AND PUBLIC HEALTH ACT - introduced tighter controls over childminding and private nurseries. Extended the 1948 definition of childminding to cover any out of home care by a non-relative for more than two hours, whether for payment or not (N.Smith, 1977).

1968 SEEBOHM REPORT (Report of the Committee on Local Authority and Allied Social Services) - recommended that unified social service departments be set up

in England and Wales, with a family orientation and preventive functions. Responsibility for day nurseries and supervision of childminding and private groups would be transferred from Health departments to the new Social Service departments. Day nurseries should give priority to families with poor health and adverse social conditions. (*)

1968 SOCIAL WORK (SCOTLAND) ACT - implemented the general suggestions of the Kilbrandon Report, 1964. New Social Work departments were to be set up. Section 4 stipulated that these would take over from Health departments the responsibilities for the supervision of minders, playgroups and private nurseries. Under Section 59, Social Work departments were given the power to provide day nursery places themselves, but Health departments retained a residual power under the N.H.S. (Scotland) Act of 1947 to provide them on health grounds. In practice, the Social Work departments came to have the main responsibility for running day nurseries. (*)

1968 DES/DHSS JOINT CIRCULAR 35/68 - gave details of the Urban Aid programme, which provided special funds for pre-school facilities in "priority" areas. This was initially for nurseries, but later applied to playgroups too (Gittus, 1976).

1970 INCOME AND CORPORATION TAXES ACT - included the conditions for tax relief which are relevant to shared care. Section 8 specified that a man whose wife is earning has a personal allowance larger than one whose wife is not working, because part or all of a wife's earnings are disregarded up to a fixed amount. Sections 108 and 109 stated that tax is liable for "the annual profits and gains of

a "trade, profession or vocation", which is taken to include childminding. Section 181 showed that anyone in paid work has to pay tax. This means that parents who employ someone for domestic duties such as child care have to arrange the payment of income tax and National Insurance contributions for that person, provided that the level of the pay is above the personal allowance. Section 189 described how tax relief on expenses relating to a person's work only apply if the costs are incurred "wholly, exclusively and necessarily" for the performance of that work. Child care costs are not considered to fall within that description. (*)

1970 EQUAL PAY ACT - stated that employers should give men and women equal pay and conditions of employment, where the work is like or equivalent. (*)

1970 LOCAL AUTHORITY SOCIAL SERVICES ACT - put into effect the recommendations of the Seebohm report, as the 1968 Scottish Act had done the same in relation to the Kilbrandon Report. Social Service Departments were to be established. The powers to set up and run day nurseries and to supervise private care arrangements were transferred from Health departments. (*)

1971 "BEFORE FIVE" (Scottish Education Department document) - supported the expansion of part-time nursery school places. Also gave detailed curriculum guidance. (*)

1972 "EDUCATION: A FRAMEWORK FOR EXPANSION (Government White Paper) - withdrew the restrictions of circular 8/60 and planned funding to achieve the proposed growth of nursery school provision to meet the targets of the Plowden Report, 1967 (*)

- 1972 "EDUCATION IN SCOTLAND: A STATEMENT OF POLICY
(Government White Paper) - similarly envisaged a
big rise in expenditure to expand nursery
education provision. Also advocated parental
involvement and giving priority to areas of social
need. (*)
- 1973 DEPARTMENT OF EDUCATION CIRCULAR 2/72 - favoured
nursery classes attached to primary schools,
rather than separate institutions for the
under-fives. Followed Plowden in distinguishing
between day care for a minority who need it and
nursery education for the majority who want it.
It was the intention to establish nursery
education places for all who wanted it by 1982. (*)
- 1973 SOCIAL WORK SERVICES GROUP CIRCULAR SW5/1973
("Nursery Education") - encouraged co-operation
between education and social work departments in
deprived areas. (*)
- 1975 CHILDREN ACT - dealt with adoption, custody and
residential care. There was no mention of
prevention or day care. (*)
- 1975 EMPLOYMENT PROTECTION ACT - gave protection from
dismissal and demotion at work for mothers who
interrupted employment for pregnancy and who
returned to work within 29 weeks of confinement.
(*)
- 1975 SEX DISCRIMINATION ACT - made unlawful
discrimination on grounds of sex where a man and
woman were doing comparable work. There were a
number of exceptions, including work in private
households. (*)
- 1978 DES/DHSS JOINT CIRCULAR ("Co-ordination of services
for children under five") - encouraged
interdepartmental co-ordination of pre-school
services and the establishment of supportive links

for childminders. (*)

1980 CHILD CARE ACT - mainly consolidated earlier legislation. It established a general duty to promote the welfare of children. The powers with regard to "preventive" work are essentially similar to those of the 1963 Act. (*)

1980 EDUCATION (SCOTLAND) ACT, S. 1 - the **duty** of Local Authorities to provide nursery education (subject only to sufficient demand) was replaced by a **power** to provide nursery schools and classes. Nursery education was specifically excluded from the duty to provide adequate and efficient education. The shift from duty to power means that a general discretion to operate facilities as Local Authorities wish is substituted for the previous obligation, which took account of parents' wishes. (*)

Appendix 3
SHARING CARE:
HISTORICAL AND ANTHROPOLOGICAL COMPARISONS

Perspectives from the past and from other kinds of society can stimulate the sociological imagination in many ways (Wright Mills, 1970). With respect to sharing care, there has been a tendency to believe that what occurs here and now is what should inevitably or preferably occur. Therefore, it is important to recognise that other possibilities exist, though Kitzinger (1978) has warned of the difficulty of transposing child-care practices outside their original contexts. In addition it is important to recognise regularities and similarities, as well as differences.

The data needs to be treated with caution. Historical research on childhood is in its own infancy. It has tended to concentrate on the nobility and use restricted kinds of source materials such as portraits, family reference books and aristocratic biographies (e.g. Aries, 1971; Hunt, 1970). These probably do not give a fair overview of the range of practices and attitudes even of the main period so far investigated, namely the Middle Ages to the present day. Expanding sources of information may revise current ideas about parenting and children in earlier centuries. Even existing analyses demonstrate that there have been diverse ways of bringing up children in different epochs and in different families in the same period.

Anthropological fieldwork has usually made little detailed reference to child care. The main impetus to consider younger children derived from a desire particularly from the 1930's to the 1950's to test the

applicability of Freudian theory and to a lesser extent behaviourism to other kinds of society (Honigman, 1975; Jahoda, 1982; Whiting, 1963). This was linked to a wish to understand the more detailed mechanisms by which culture might be transmitted through early socialisation practices or even caused by them. There was consequently considerable attention given to specific feeding and training techniques but less concern with children's wider social participation. According to Freeman (1983), two of the most influential anthropologists who paid close attention to child-rearing (i.e. Mead and Benedict) were impelled by a desire to demonstrate the supremacy of culture in the nature/nurture debate. Hence their and others' conclusions about the paramountcy of local social processes as against more universal impulses may be exaggerated, although Freeman's own work in this area oversimplified the issues considerably too.

Attitudes to children

It seems that before the Enlightenment children were much less segregated from adults in social and economic activities than they are today. Aries (1971) has assembled evidence to support his claim that not only have ideas about children changed, but that the very concept of childhood as distinct from adulthood is a modern creation. This was less true of the very young with whom we are concerned (Dasberg, 1975).

Just as there has been a tendency to romanticise some aspects of family relationships in the past (Anderson, 1983), so has there been a somewhat contradictory pattern of denigrating the treatment of children in former times. Several writers have cited

largely anecdotal evidence that children were often viewed with indifference or negativity by parents, as judged by present-day standards (Hunt, 1970; Shorter, 1976). Swaddling, whipping and the use of wet-nurses were apparently quite common. De Mause (1971) has concluded that there have been evolutionary stages in parent-child relationships which have developed from a pattern of cruelty and poor care to the present-day mode which he described as helping and child-centred. However, it is also possible to quote many instances from a few centuries ago of love and sensitivity expressed towards children, so that undoubtedly the contrasts between then and now have been exaggerated (Hardyment, 1983; Mount, 1982). In Victorian times, some fathers were very harsh, but some were highly indulgent to their children (McKee & O'Brien, 1982b). Nevertheless, there does appear to have been a shift in attitudes over the last 200 years or so towards a view of children as innocent and in need of affection and public concern (B.Laslett, 1973; Wolfenstein, 1954).

Anthropology has also shown that children can be more integrated with adult activities sooner than occurs in modern Britain. In other cultures, children often engage in useful work and perform errands from an early age (Benedict, 1938; Mead, 1961). Children who attend Russian and Chinese kindergartens take part in productive activities and assume simple communal responsibilities (Bronfenbrenner, 1972; Various, 1973; Kessen, 1975). On the other hand, some peoples such as the Manus resemble Westerners in their view of early childhood as a time for play, exploration and freedom from responsibility (Mead, 1942). There are examples in the literature of communities where parents are very warm and loving to their children, but also (fewer)

instances of apparent harshness and indifference (Mead, 1935, 1962a; Turnbull, 1973).

Sharing care with other adults

Recent detailed analyses of household composition have revised some common preconceptions about the nature of family life before the Industrial Revolution (Laslett & Wall, 1972). In particular, P.Laslett (1977) has been at pains to refute a common misconception that most children were brought up with multiple carers in extended kin households. It seems that in most parts of pre-Industrial England fewer than 20% of households were extended or multiple. Nuclear family households may well have been more a precondition of industrialisation than a consequence, which used to be a widespread supposition. Anderson (1971b) found that there was an increase in the number of households which included grandparents in the 19th Century. This occurred partly so that mothers were more free to go and work in factories. Even so, it must be emphasised that the examination of records concerning co-residence tells us little about the actual interaction of family members or the availability of carers living close at hand but outside the child's own dwelling. It does seem that care by relatives and servants was quite common (Anderson, 1980b; Hunt, 1970; Peters, 1975). Richer parents often had little contact with their children many of whom were largely cared for and even breast fed by other people like nurses and governesses (Hunt, 1970; Shorter, 1976). However, the use of such auxiliary carers was probably confined to a small proportion of families (Hardyment, 1983).

In most less technologically advanced cultures, children usually live in a world where everyone knows everyone else, so the issue of stranger care hardly arises. In nearly all non-urban societies, kinfolk live very close by, so that children can readily spend time with them apart from their parents. Virtually everywhere the nuclear family is recognised as a fundamental unit (Murdock, 1960). Normally this consists of the mother, father and child(ren), but it can involve mother and child only or even mother, mother's brother and children (R.Adams, 1960; Zelditch, 1964). Yet in all but one of the many societies whose ethnographic data were scrutinised by Stephens (1963) the nuclear family lived within a larger residential group of relatives, although often in separate households.

Generally sharing care means that a number of females who are often related to each other by birth or marriage take over care responsibilities from the parents for considerable periods. This may occur to free the mother for work or other activities, but also results from a general presumption that child care is a more communal responsibility, at least within the kin group. This pattern is especially characteristic of settled agricultural communities (Barry & Paxson, 1971; P.Smith, 1980; Weisner & Gallimore, 1977). Mothers' involvement in productive activities is often taken-for-granted, partly because work in the fields or gathering can often take place without prolonged and distant absence from the home or the child. In Alor, mothers work in the fields from 2 weeks after giving birth, while the babies are looked after by their fathers, grandmothers and other relatives (Dunn, 1977). Even though weaning usually occurs at quite an advanced age in non-industrial societies, a child may

still be cared for frequently by another relative and return to the mother when a feed is required (Schapera, 1971). Another factor is that in traffic-free environments children may wander freely of their own accord and spend time in other households or under the general supervision of people other than parents (Cohen, 1978; Minturn & Lambert, 1964; Turnbull, 1961). Normally several adults are available if a child is distressed.

The diffusion of care takes different forms. For example, the Arapesh exhibit a gradual shift from primary mother care to shared care by many other kin. Among the Tchambuli there is close co-operation in child care among a group of women from soon after birth (Mead, 1935). In contrast the Kwoma practise sudden independence training after initial maternal indulgence (Whiting & Child, 1953). Out of 186 societies rated by Barry and Paxson (1971), in only five was the mother thought to be the exclusive caregiver in infancy. In 40% of societies, people other than the mother made substantial care contributions in the first year. Such sharing arrangements occurred before the age of 4 in 80% of the societies. In Africa, each child often has several major caregivers. A study of 18 Hausa children aged 6-14 months revealed an average of 4 regular caregivers, with a range of 1-10 (P.Smith, 1980).

Comparisons about the implications of very broad differences in care practices from varied social and physical environments are likely to be hazardous. Mead (1962a) and Kitzinger (1978) have argued that such wide dispersal of care provides children with attachments to several protective adults rather than one or two, so that there is less risk of deprivation or trauma if one parent is absent or dies. However, it may be that the

capacity for deep attachments to one individual are reduced. Freeman (1983) disagrees with such conclusions and argues in favour of monotropy as a universal phenomenon. He cited evidence that children in Samoa form a primary bond to their natural or adoptive mothers which is stronger than their attachments to others.

It may be concluded that in nearly all cultures child care is done predominantly by females, although sometimes with major inputs by male relatives. Western society is not atypical in that respect, but it is unusual in concentrating care responsibility onto just one woman - the mother. The Six Cultures study discovered that in their admittedly small samples the Western mother had sole responsibility for her baby for three quarters of the time. This compared with one third of the time among the Gusii of Kenya and less than half the time amongst the other four communities which were investigated (Minturn & Lambert, 1964).

Care by older children

In our society, it is generally considered essential in most circumstances for an adult to be supervising a child, because older children are not normally given major responsibilities and they spend much time away at school. Moreover, the very young are seen as too vulnerable to be left in the sole care of people lacking adult maturity. However, in the Middle Ages, children from 4 onwards were given responsibility for younger ones (Dasberg, 1975; Shorter, 1976). Weisner and Gallimore (1977) showed that in many societies older children assume considerable care responsibilities for younger ones after weaning or toddlerhood. Indeed care

by older siblings is more common than by grandparents (Barry et al., 1977). In places like Samoa and West Africa, 6-10 year olds play a large part in the socialisation and discipline of infants (Mead, 1961; P.Smith, 1979). These "child-nurses" are usually girl relatives. In Samoa, young children form important secondary bonds to their older sisters or cousins who look after them frequently (Freeman, 1983).

Outside modern Westernised societies with their diversity of nurseries and playgroups, any form of structured, adult-led group care seems to have been rare. On the other hand, separate play areas are commonly found where children of all ages occupy themselves with only partial supervision by adults (Konner, 1972; Turnbull, 1961). As soon as a child is mobile, he or she may join such a mixed-age play group (Konner, 1975). Less emphasis is placed on peer-only interaction than is generally the case in Western institutions. In non-urban environments, there is also less need for adults' immediate presence to protect young children from hazards. Exposure to the abilities, styles and interests of various age levels can broaden younger children's range of experience and it may give older ones practice for parenthood and pro-social behaviour (Korbin, 1977; Mussen & Eisenberg-Berg, 1977). However, it may also reinforce sex-typing and give children less adequate stimulation than adult care (Parke, 1981; Sutton-Smith, 1977).

Internal sharing

In times goneby, European fathers appear generally to have been stricter. They probably had more control over patterns of care than nowadays. However, they

did little looking after children themselves - at least in the higher social echelons (Aries, 1971; Brill, 1973; Hunt, 1970). Whilst the image of the distant patriarch may well be atypical or inaccurate (Mount, 1982), little is known about fathers' direct care of children in the past.

In some cultures, fathers involve young children in their daily routines or look after them during lengthy periods at home (Mead, 1935, 1942; Stephens, 1963). This often occurs only after weaning however. In some communities older male kin spend much time cradling or playing with young children (Turnbull, 1961). On the other hand, fathers' contributions to child care are very limited in some societies. The Six Cultures study rated American fathers highest on child care involvement (Minturn & Lambert, 1964; Whiting & Child, 1953). It seems that father care in non-Western societies is probably greatest among gathering and small-scale communities. Even when fathers spend a lot of time with their children, routine and practical care is often left to the women to perform (West & Konner, 1976).

Appendix 4

RESEARCH QUESTIONNAIRE

Please note that questions were asked in the context of a semi-structured interview, so that the order and wording were not precisely as stated here but adjusted to the course of the conversation in each interview.

In every family, just one 3 year old child was the focus of the interview and is referred to as C in the questionnaire. M denotes the mother and F the father. Some questions were put onto written forms (A-G). These are described after the main interview schedules at the end of this appendix. Form H gives the outline of the 2 week dairy record of C's carers and activities.

I. THE INTERVIEW SCHEDULE

INTERVIEW DETAILS

Date, time and length of interview

People present at interview

BASIC FAMILY DATA

C's date of birth

C's sex

C's birth order

Ages and sexes of C's siblings

Is family complete or not?

Other household members - age, sex, kind of person

NON-GROUP CARE

First year - who looked after C, when, how often, for how long, where and for what reason? Who took the initiative and how was it arranged? How did the child react to care? Where did the care take place and what travel arrangements were involved?

Second year - as first year

Third year - as first year

Has C ever asked to stay with other people? In what circumstances?

Have you looked after the carers' children?

What difference does it make to C if care is at home or away?

Who is the current main daytime carer?

Who is the current second daytime carer?

Who is the current main evening carer

Who is the current second evening carer?

How often do you use an evening babysitter?

Have you ever used a paid babysitter? In what circumstances?

Do you have any reciprocal care arrangements?

Do you belong to a babysitting circle or group?

If not, what do you think about them?

If yes, how many members are there? How is it organised? How did it develop? How far are fathers involved in the circle? How did you come to join the circle?

GROUP CARE

Has C been to any form of group?

In the case of a group other than a playgroup or nursery school, what kind of place was this, how

did C react and what was the purpose of the arrangement?
 Did C go to a mother and toddler group?
 If yes, what was the experience like?
 At what age did C start at playgroup or nursery school (if applicable)?
 At what age did C change group, if at all?
 What is the group currently attended? Where is it?
 How many children and staff are there at the group?
 What are the days and hours of attendance?
 Who takes and collects C? How do they get there?
 How did C react when he/she first started?
 How have C's reactions changed?
 Before C started, how did you think he/she would react?
 What do you think is the best way to help children settle in a group?
 What changes in C's behaviour have you noticed?
 What worries, if any, did you have about C going?
 How many children did C know at the group before starting?
 How have the other children there affected C?
 Why did you decide that C should go to playgroup or nursery school?
 Why did you choose that particular group?
 Why did you choose that age for starting?
 What difference would it have made if C had started earlier or later?
 How did you first learn about the group?
 Have you received any advice from a professional person?
 What benefits have there been for C?
 What benefits have there been for M?
 What benefits have there been for F?
 What disadvantages have there been for C?

What disadvantages have there been for M?
What disadvantages have there been for F?
What are your views about the staff?
What are your views of the facilities?
What improvements (if any) would you like to see in the group?
What improvements (if any) would you like to see in the general provision for pre-school children round here?
What kind of involvement does M have with the group?
What kind of involvement would M like with the group?
What kind of contact does F have with the group?
How much interaction do M and F have with other parents?

NON-USERS OF GROUP CARE

Do you expect C to go to a playgroup or nursery school?
Is C booked into a playgroup or nursery school?
When do you think C will start?
Why would you like C to go?
Why did you choose that particular group ?
What hours and days do you expect C to attend for?
What kind of involvement would M like?
How did you first learn about the group you expect C to go to?
Have you been given advice by a professional person?
What difference would it have made if C could have started earlier?
How do you think C will react?

COSTS OF CARE

What are the weekly costs of group care?

What are the weekly costs of non-group care?

What is the cost per hour for an evening babysitter (if applicable)?

FUTURE PLANS

Do you expect C to change playgroup or nursery before starting school?

If so, what would the change be?

Do you envisage any changes in the days and hours of attendance for C before starting school?

Do you foresee any changes in your babysitting arrangements?

C'S SIBLINGS AND CARE

From what age(s) did C's older sibling(s) attend a group?

What kind of group was this?

How did they get on?

How did this affect arrangements for C?

How, if at all, do you think you may change arrangements for a younger sibling, based on your experience with C?

NETWORK RELATIONSHIPS

Could you please tell me which relatives C has seen in the last year (See form A)? For each one, where do they live and how often has face to face contact occurred? Are they working? Do they have a car?

How old are C's grandparents?

If a grandparent is dead, how long ago did they die?
What does C call his/her grandparents?
Do the grandparents have any health problems?
Did F's and M's relatives know each other, before M and
F met? If so, how well?
Do the two sides of the family meet each other?
Do your family know your friends?
Which relatives, if any, have you been away on holiday
with since C was born?
How many cousins under 5 does C have?
What kind of contact does C have with his/her cousins?
Could you tell me about your friends who are important
to C (See Form B)? Where do they live? How
often does C meet them? Which ones are single?
If they have children, how old are they?
How did you come to know them?
Have you made any friends through C? If so, how?
Have there been friends you have less contact with as
a result of having children? If so, which ones and
why?
Do your friends mostly know each other or not?
How do you get on with people in the street?
How do you get on with the people next door?
How many people in the street have become friends?
How many young children are there in the street?
Does C play with children in the street?
How many friends does C have in the street?

THE CHILD'S ATTACHMENTS (SEE FORM C)

a. Adults

Is the child equally fond of both parents or more close
to one?
Description of people who are ranked first, second and

third in the child's fondness list
Total number of people in the list
Number of kin in the list
Number of parents' friends in the list
Number of group care staff in the list
Number of females in the list

b. Children

Total number in the list
Number who are relatives
Number who are female
Number who do not live locally
Number at each age
Details of anyone C does not like

THE CHILD'S DEVELOPMENT

Was the birth straightforward? If not, what
complication were there?
Was F present at birth?
How well prepared for parenthood did M feel?
How well prepared for parenthood did F feel?
What worries have you had as parents?
Has C's development been normal?
Has C had any serious illnesses? If so, what and when?
Details of any time C has been in hospital overnight -
duration, reasons, age
Details of any time C has been apart from parents
overnight - carer, duration, reasons, age, home or
away
How did X react to these separations?
Who would be the first choice person for an overnight
stay now?
What arrangements would the family make if M had to

go into hospital (a) for a few nights (b) for an extended period?

How would you describe C's personality?

What kind of things does C enjoy doing most?

How does C get on with other children?

How does C get on with adults he/she does not know so well?

PARENTS' PERSONAL DATA

Note The same questions were asked of both F and M in turn

Date of birth

Area where brought up

Occupations of parents (i.e. MM, MF, FM, FF)

How old were you when your mother went back to work after having children (a) Part-time (b) Full-time?

Number of siblings and birth order

Did you attend any form of group before you were five?

Who would have been the main person who babysat for you when you were a child?

What experience of young children did you have before you were married?

Did you ever act as a babysitter? If yes, who for and in what circumstances?

Did you have any major separations from your parents as a child? If so, give details

Did anyone close to you die, when you were a child? If so, who was it and how old were you?

What type of secondary school did you attend?

What has been your highest qualification?

How do you think your childhood experiences have affected your views about care of children and babysitting, the kinds of thing we have been

talking about?

F'S WORK

Note Non-working fathers were asked about their last job and how long ago they became unemployed

What is your job (and position)?

Where do you work?

How do you travel to work?

How long does it take to get there?

What are your normal hours of work?

How long have you been with your present employer?

What are the good things about your job?

What are the things which are not so good about your job?

How much contact does C have with your workplace?

How much contact does C have with the people you work with?

M'S WORK

a. All mothers

Did you work until you were married or until you had children?

What was your job, then?

When you stopped work, when did you think you would go back to work?

What did you miss about work?

What were you glad to have given up?

What work have you done since C was born? Give details

Did you work in between children? Give details

b. Mothers currently working

What is your current job (and position)

Where do you work?

How do you travel there?

How long does it take?

What are your normal working hours?

How long have you been with your present employer?

What are the good things about your job?

What things are not so good?

Why did you go back to work?

What effects do you think your working has had on C?

How much contact does C have with your workplace?

How much contact does C have with the people you
work with?

What are F's views about M's return to work?

What are F's views about working mothers in general?

What are M's views about working mothers in general?

c. Mothers not currently working

What are the benefits of being at home?

What disadvantages are there?

What are F's views about working mothers?

Would you consider working at a time when F could
look after the children?

When does M expect to return to work, if at all?

INCOME

What is F's net weekly take home pay

What is M's net weekly take home pay

PARENTS' OPINIONS ABOUT CARE AND CHILDREN

Answers to attitude questions on Forms D, E, F

What do you think has most effect on a child's personality?

What age, if any, do you think is most important for affecting a child's personality?

What has influenced your attitudes about care of young children?

It seems that many more children now go to some kind of playgroup or nursery school than in the past.

What do you think of this change?

What do you think about the differences between playgroups and nursery schools?

At what age have you found C most enjoyable?

At what age has C been most difficult?

FAMILY LIFE AND PARENTAL ROLES

How long have you been married?

How long did you know each other, before that?

What do you think helps most to make a happy family?

Is there anything which gets in the way of happiness for your family?

Answers to the questions about housework and care of children from Form E

In your family, who does what in the following activities?

Shopping

Cleaning the house

Cooking

Washing up

Washing clothes

Bathing C

Nappy changing (when C was younger)

Does the pattern for housework differ from before you had children?

How often and for what reasons does F look after C while M is not there?

How often do you go out together in the evenings?

How often do you go out separately?

What are F's main interests?

What are M's main interests?

Where have you been for your main holiday each year since C was born?

CLASS

What social class would you say you belong to?

What does class mean to you?

What other classes are there?

STRESS

Malaise Inventory Scores from Form G

What pressures do you have as parents?

How do these compare with other pressures on you?

HOUSING AND MOBILITY

How long have you lived at the present address?

How long have you lived in the present area?

Why are you living in Edinburgh?

Why did you come to this part of Edinburgh?

Housing tenure

Does C have his/her own bedroom?

What kind of garden do you have?

What is the area round here like for playspace?

Do you use the playspace much?

Do you own a car?

Who drives in the family?

Does M have access to a car in the daytime?

If you have a car, what difference has this made to
care arrangements for C?

If you do not have a car, what difference might it have
made to have one?

NEIGHBOURHOOD

What is the name of this area?

What do you think of it as an area for bringing up
children?

What advantages are there for children in this area?

What disadvantages are there for children in this area?

What do you think of this area for adults?

What are the advantages for adults?

What are the disadvantages for adults?

Would you like to move anywhere else? If so, where?

Would you say you are similar to other people round
here?

II. RESEARCH FORMS

FORM A

Contacts with relatives

The following information was obtained about each relative, who had been seen by the child at least once in the last year:-

Relationship to child

Area of residence

Approximate frequency and duration of
contacts with the child

Working or not

Has a car or not

FORM B

Contacts with non-kin

The following information was obtained about friends or neighbours who were considered by the parents to be important to the child:-

Nature of relationship to parents

Marital status

Area of residence

Approximate frequency and duration of
contact with the child

Ages of children

FORM C

The Child's Attachments

A list was made of the adults C was thought to be most fond of, in order. The person's relationship to the child was noted. A similar list was made of the children C was said to be most fond of, with their age and relationship to C. A note was also made of any person C was thought to dislike.

FORM D

Parents' views about sharing care at different ages

Parents were asked to indicate at which age they thought it was all right for a child to be away from his or her parents in the following circumstances:-

1. With relatives or friends

For brief periods

Regularly for part of the day

Regularly for the whole day

2. In a playgroup or nursery centre or nursery school

For brief periods

Regularly for part of the day

Regularly for the whole day

In each case, parents were asked to indicate an age at half yearly intervals from 6 months to 5 years.

FORM E

Views about care of young children

Parents were asked to respond to a number of statements with one of the following:-

1. Disagree
2. Strongly disagree
3. Agree
4. Strongly agree
5. Feel neutral about
6. Have mixed feelings about

These were the statements:-

1. Care of young children should be the equal responsibility of both parents.

2. Children under five should not normally attend any form of day care for the whole day.

3. It should be made easier for fathers of young children to work for shorter hours.

4. There should be a money allowance to encourage mothers of young children to stay home.

5. It benefits the family if the mother works at least part-time.

6. Mothers of young children should not normally work at all during the day.

7. Boys and girls need to be treated differently by their parents.

8. It helps children to have experience outside the home for a full day from 3-5.

contd.

FORM E (Contd.)

9. Children under five are harmed if both parents work fulltime.

10. Part-time experience outside the home is good for children under three.

11. Day care centres should be used only by families with special needs.

12. Any parents who wishes to should be able to use a day care centre.

13. Children should be encouraged to be independent from their parents.

14. Housework should be mainly a woman's responsibility.

In addition, parents were asked to complete the following sentence:-

What I feel most strongly about in relation to the care of young children is.....

FORM F

Views about types of care

Parents were asked to note which care arrangements from the following list they thought to be the two which were most helpful to families and the two which were least helpful.

1. Corporation day nursery
2. Private day nursery
3. Nursery school or class
4. Private school or kindergarten
5. Playgroup run by mothers
6. Playgroup run by trained staff
7. Workplace creche or nursery
8. Childminder
9. Mother and children's group

FORM G

Malaise Inventory

N.B. By mistake, one question was omitted from the original inventory used in the Isle of Wight and C.H.E.S. studies.

Parents were asked to state how many of the following questions they answered "Yes" to.

1. Do you often have back-ache?
2. Do you feel tired most of the time?
3. Do you often feel miserable or depressed?
4. Do you often have bad headaches?
5. Do you usually have great difficulty in falling asleep or staying asleep?
6. Do you usually wake unnecessarily early in the morning?
7. Do you wear yourself out worrying about your health?
8. Do you often get into a violent rage?
9. Do people often annoy or irritate you?

Contd.

FORM G (Contd.)

10. Have you at times had a twitching of face, head or shoulders?
11. Do you often suddenly become scared for no good reason?
12. Are you scared to be alone when there are no friends near?
13. Are you easily upset or irritated?
14. Are you frightened of going out alone or of meeting people?
15. Are you constantly keyed up or jittery?
16. Do you suffer from indigestion?
17. Do you often suffer from upset stomach?
18. Is your appetite poor?
19. Does every little thing get on your nerves and wear you out?
20. Does your heart often race like mad?
21. Do you often have bad pains in your eyes?
22. Are you troubled with rheumatism or fibrositis?
23. Have you ever had a nervous breakdown?

FORM H

Daily Record

Parents were asked to complete a daily record for two weeks. In practice it was nearly always the mother who did so. A standard form was provided for each day and this was divided into sections for breakfast, morning, lunch, afternoon and evening. For each session, the following were recorded:-

Place where child is

Person(s) in charge

Other adults and children present

Main activities

Incidents or meetings with others

Any other comments

Parents were requested to describe any person mentioned if it was not clear and to record the ages of individual children present, except when the child was at group care.

Appendix 5
ADDITIONAL TABLES

A1 to A20

TABLE A1 - CARE ARRANGEMENTS FOR CHILDREN

OF WORKING MOTHERS

1950's - ABERDEEN¹

Working mothers with pre-school children

<u>Care arrangement</u>	<u>Part-time</u>	<u>Full-time</u>
Maternal grandmother	47%	59%
Paternal grandmother	18%	27%
Other relative	6%	12%
Stranger	6%	9%
Institution	6%	35%
Mother and/or father	18%	-

1965 - ENGLAND AND WALES²

	<u>Part-time</u>	<u>Full-time</u>
Relative/neighbour	35%	45%
Paid minder	6%	15%
Paid domestic	4%	6%
Nursery	8%	13%
Father	44%	7%
Mother works at home	13%	14%

1974 - FIFE³

	<u>Part-time</u>	<u>Full-time</u>
Grandmother	30%	47%
Other relative (often father)	52%	25%
Childminder	Under 1%	3%
Pre-school group	3%	5%
Child with mother	10%	9%
Other	3%	12%

Cont'd...

TABLE A1 - CARE ARRANGEMENTS FOR CHILDRENOF WORKING MOTHERS1974 - ENGLAND AND WALES⁴

Note : Care in groups is excluded. Figures do not total 100%,
as some families use more than one arrangement.

	<u>Part-time</u>	<u>Full-time</u>
Relatives	29%	33%
Friend/Neighbour	7%	7%
Mother	12%	12%
Father	48%	22%
Other	2%	2%

1979 - GREAT BRITAIN⁵

<u>Care arrangement</u>	<u>Part-time</u>	<u>Full-time</u>	<u>Not working</u>	<u>Total</u>
Relative outside household	17%	38%	1%	6%
Neighbour or Friend	6%	1%	1%	2%
Childminder	2%	5%	0%	1%
Other individual	2%	2%	0%	1%
Nursery/Primary school	15%	19%	11%	12%
Playgroup/Day nursery	39%	25%	27%	29%
Other household member	2%	14%	0%	1%
<hr/>				
Receiving day care	69%	84%	39%	48%
Not receiving day care	31%	16%	61%	52%

Cont'd...

TABLE A1 - CARE ARRANGEMENTS FOR CHILDREN
OF WORKING MOTHERS

1982 - U.K.⁶

Note : These were the latest figures from the Office of Population Censuses and Surveys. Care by mothers while working is excluded. There is no differentiation between part-time and full-time working.

	<u>Total</u>	<u>Own Home</u>	<u>Away from Home</u>
Relative	<u>30%</u>	20%	10%
Father	<u>37%</u>	37%	-
Non-Relative	<u>22%</u>	11%	11%
Day Care Centre	<u>11%</u>	-	11%

Sources:-

1. THOMPSON, Barbara, and FINLAYSON, Angela, (1963)
"Married women who work in early motherhood", British Journal of Sociology, pp 150-163
2. HUNT, Audrey, (1968)
"A Survey of Women's Employment". Government Social Survey, H.M.S.O.: London
3. WATT, Joyce, (1979)
"Co-operation in Pre-school Education". Ph.D. Thesis, University of Aberdeen: Aberdeen
4. BONE, Margaret, (1977)
"Pre-school children and the need for day care". D.H.S.S.: London
5. GENERAL HOUSEHOLD SURVEY, (1979),
O.P.C.S., H.M.S.O.: London
6. CLARKE-STEWART, Alison, (1982)
"Day Care". Fontana: Glasgow

TABLE A2 - DISTRIBUTION OF SOCIO-ECONOMIC
GROUPS IN THE TWO WARDS

Data comes from aggregation of enumeration district figures for the 10% sample of 1971 Census. Note that the socio-economic grouping differs somewhat from social class categories, in that it is more detailed and takes more account of employment organisation and position. Numbers given are absolute, but rounded to the nearest 50, so that * represents under 25. Thus, they correspond to roughly one tenth of the total figures for households in the relevant groups.

<u>S.E.G.</u>	<u>S.E.G. DESCRIPTIONS</u>	<u>APPROX. SOCIAL CLASS</u>	<u>EDINBURGH</u>	<u>MILBURN</u>	<u>WHITLAW</u>
1-5	Employers, managers, professionals and intermediate non-manual	Mostly I and II with some IIIN	3,300	300	50
6-7	Junior Non-manual, personal service	Mostly III, with some IV.	2,150	100	150
8-10	Foremen, supervisors skilled and semi-skilled manual	IIIM and IV	5,300	50	250
11	Unskilled manual	V	1,050	*	50
12-17	Own account, farmers, armed forces and occupations inadequately described	Mixed and unclassified	800	50	50

Source :- 10% sample of the Census, 1971 Scotland at Enumeration District Level.

TABLE A3 - RANKING OF THE TWO AREAS

ON SELECTED ITEMS FROM THE 1971 CENSUS

Unfortunately the study took place just before detailed information from the 1981 Census became available. The ranking on each item refers to the order of the 23 Edinburgh wards from the least favourable (1) to the most favourable (23) for that item. In brackets are the actual values for the item.

	<u>MILBURN</u>	<u>WHITLAW</u>
<u>A. HOUSING ITEMS</u>		
1. % of persons living in households with over $1\frac{1}{2}$ persons per room.	23 (2%)	4 (16%)
2. % of households living in dwellings with over 6 rooms.	22 (28%)	2= (2%)
3. % of households with no bathroom or shower.	16 (3%)	3 (45%)
4. % persons in owner occupied households.	22 (75%)	14 (53%)
5. % persons in council housing.	23 (0.4%)	15 (13%)
<u>B. OTHER ITEMS</u>		
6. % population aged under 5.	21= (5%)	8 (7%)
7. Total population	(16,400)	(16,100)
8. Population change 1961-1971	(-1,000)	(-2,000)

Source :- CENSUS 1971, SCOTLAND. County Report, Edinburgh City,
HMSO, 1973

TABLE A⁴ - OTHER INFORMATION ON THE TWO AREAS

	MILBURN	WHITLAW
1. Persons per acre ¹	25	44
2. Problem area rating (max = 43) ²	3	13
3. Child problem rating (max = 11) ²	0	1
4. Quartile of wards ranked ² for		
(a) Poverty	LOWEST QUARTILE	HIGHEST QUARTILE
(b) Child problems	LOWEST QUARTILE	SECOND QUARTILE
(c) Physical health	LOWEST QUARTILE	HIGHEST QUARTILE
(d) Mental health	SECOND QUARTILE	LOWEST QUARTILE
5. Ranking* out of all 23 Edinburgh wards for reception into care of children ² .	18=	6
6. Ranking* out of 23 for children receiving free school meals ² .	23	10
7. Ranking* out of 23 for Index of Special Need (based on indicators of child health and welfare.	20	8
8. Ranking* of 1977 birth rate (the year when the study children were born) ² .	18	21
9. Ranking* of illegitimate births in 1977 ² .	19	17

SOURCES :-

1. KEIR, David, "The Third Statistical Account of Scotland: The City of Edinburgh". Collins: Glasgow, (1966)
2. BUGLASS, D., DUFFY, J., and KREITMAN, N., "A Register of social indices by local government area in Edinburgh and the Lothians". Scottish Office: Edinburgh, (1980)
3. JOSEPH, Anne, "Under Five in Edinburgh". E.P.A.G.: Edinburgh, (1974)

* This refers to the ranking of Milburn and Whitlaw within the 23 Edinburgh wards ranging from the least favourable (1) to the most favourable (23) for that item.

TABLE A5 - PRE-SCHOOL GROUP PROVISION IN

THE TWO AREAS

1. Pre-school places, as % children aged 3 - 5 $\frac{1}{2}$ (with ranking of wards out of 23 from lowest to highest)*. This includes nursery schools and classes, private nursery school, playgroups and toddler play centres, but excludes day nurseries and child-minders¹.

<u>MILBURN</u>	<u>WHITLAW</u>
56% (14)	52% (16)

2. Full-time day care places at day nurseries and registered child-minders, as % of children under five¹.

<u>MILBURN</u>	<u>WHITLAW</u>
1.2% (12)	0.52% (14)

3. Number of nursery classes and schools².

<u>MILBURN</u>	<u>WHITLAW</u>
2	5

4. Number of voluntary and private playgroups².

<u>MILBURN</u>	<u>WHITLAW</u>
6	2

SOURCES

1. JOSEPH, Anne, "Under five in Edinburgh", E.P.A.G. : Edinburgh, 1974
2. Social Work Department leaflets.

* Figures in parentheses refer to the ranking of Milburn and Whitlaw for these characteristics within the 23 Edinburgh wards. Rankings range from highest percentage (1) to lowest percentage (23).

TABLE A6 - DETAILS OF THE SAMPLE

1. FIRST STAGE SAMPLE

Number of children whose names and addresses were obtained	<u>264</u>
No longer living at that address	(a) Interviewed - 6
	(b) Not interviewed - 169
	175
Family abroad for two years	1
Child had died	2
Error - the family had no child under three	1
Available for interview at the same address	85

2. SECOND STAGE SAMPLE

Families still living in the area 3 years after birth date	<u>85</u>
Interviewed in pilot study	4
Interviewed in main study	63
Refused interview	18
Refusal rate = $\frac{18}{85} \times 100 = 21\%$	

3. SAMPLE BREAKDOWN BY AREA

	<u>MILBURN</u>	<u>WHITLAW</u>	<u>TOTAL</u>
First stage sample	131	133	<u>264</u>
Families moved/not available	84	95	179
Total left in area	47	38	85
Refused interview	9	9	18
Pilot interview	2	2	4
Main study interview	36	27	63
Interviewed after positive reply to letter	30	13	43
Interviewed after doorstep reminder	8	16	24

TABLE A6 - DETAILS OF SAMPLE (Continued)

SAMPLE BREAKDOWN BY SEX

	<u>MILBURN</u>	<u>WHITLAW</u>	<u>Total</u>
Boys - first stage sample	69	62	131
Girls - first stage sample	62	71	133
Boys - main study interviews	22	15	37
Girls - main study interviews	14	12	26

	<u>Boys</u>	<u>Girls</u>
First stage sample	131	133
Moved/not available	86	97
Parents refused interview	8	10
Main study interviews	37	26
Pilot interviews	3	1

NATURE OF REFUSALS

A.	Father responsible	7	Father refused at door - no reason given	5
			Mother agreed, but father later overruled because of work commitments	2
B.	Mother responsible	8	Mother refused at door - no reason	2
			Mother refused because of 'problems'	1
			Mother declined because of recent death in family	1
			Mother refused - spoke no English	1
			Father agreed, but mother later overruled because too busy	1
			Mother refused because of privacy	2
C.	Not clear	3	Consent form returned with refusal	1
			Appointments made, but family were repeatedly not home	2














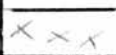

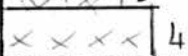








TABLE A7 - INTERVIEW CHARACTERISTICS

(MAIN STUDY ONLY)

1.	<u>TIME OF INTERVIEW</u>	<u>MILBURN</u>	<u>WHITLAW</u>	<u>Total</u>
	7.00 - 7.15	3	12	15
	7.30 - 7.45	13	8	21
	8.00 - 8.15	14	3	17
	8.30	3	0	3
	DAYTIME	3	4	7
2.	<u>DURATION OF INTERVIEW</u>			
	1 - $1\frac{3}{4}$ hours	2	3	5
	2 - $2\frac{3}{4}$ hours	8	8	16
	3 - $3\frac{1}{4}$ hours	7	9	16
	$3\frac{1}{2}$ - $3\frac{3}{4}$ hours	15	4	19
	4 - $4\frac{1}{2}$ hours	4	3	7
3.	<u>Parents' presence at interviews</u>			
	Both parents all the time	32	21	53
	Mother only	1	2	3
	Mother all the time, father part of the time	3	3	6
	Mother and father interviewed separately, but fully	0	1	1
4.	<u>PRESENCE OF THREE YEAR OLD IN EVENING INTERVIEWS</u>			
	Child present all the time	0	8	8
	Child present part of the time	1	3	4
5.	<u>CHILD'S AGE AT INTERVIEW IN MONTHS</u>			
	36	2	2	4
	37	11	6	17
	38	7	4	11
	39	7	8	15
	40	3	4	7
	40+	6	3	9

TABLE A8

PERSONS USED FOR DAYTIME CARE

MM/MF	 16  11
Street Friend	 15  9
Local Friend/ Circle	 6  15
FM/FF	 7  7
MZ/MZH	 4  4
FZ/FZH	 1  1
MB/MBW	0  3
FB/FBW	0  3
Other Kin	 3  4
Minder	 3 0
Au Pair/Paid Help	 3 0
Daily Help	 2 0
Immediate Neighbour	 2  1
Non-local Friend	0  1
Nobody	 1  4

Number of families using this person as main carerNumber of families using this person as second carer

TABLE A9a

USE OF RELATIVES OTHER THAN GRANDPARENTS FOR CARE

This table shows the number of families using the designated type of relative as one of the first three carers in the three years considered.

TYPE OF RELATIVE	YEAR ONE	YEAR TWO	YEAR THREE
MZ/MZH	11	11	11
MB/MBW	5	7	4
FZ/FZH	3	5	4
FB/FBW	1	3	3
OTHER KIN	5	7	11

TABLE A9b

USE OF DAILY HELPS FOR CARE

Number of families using -
daily help in first three
carers

YEAR ONE	YEAR TWO	YEAR THREE
6	4	2

TABLE A10
MAIN AND SECOND CARERS

1. <u>TYPES OF CARER</u>	<u>DAYTIME</u>		<u>EVENING</u>	
	<u>MAIN CARER</u>	<u>SECOND CARER</u>	<u>MAIN CARER</u>	<u>SECOND CARER</u>
MM/MF	16	11	18	10
CIRCLE	3	4	13	11
PARENTS SIBLINGS	5	11	8	10
FM/FF	7	7	4	7
OTHER FRIENDS/ NEIGHBOURS	18	20	5	7
OTHER KIN	3	4	3	5
<hr/>				
2. <u>KIN + NON-KIN CARE</u>				
KIN	31	33	34	32
NON-KIN	31	24	29	18
NOBODY	1	6	1	3
<hr/>				
3. <u>GRANDPARENTS + OTHER KIN CARE</u>				
GRANDPARENTS	23	18	22	17
OTHER KIN	8	15	11	15

TABLE A11

DAY AND EVENING CARE IN THE DIARY
FORTNIGHT

N = 58

<u>Number of families who shared care at least once:-</u>	<u>Total</u>	<u>Middle Class</u>	<u>Working Class</u>
A. DAY ONLY	19	14	5
B. EVENING ONLY	5	2	3
C. BOTH	15	11	4
D. NEITHER	19	3	16

Number of families who did not
share care:-

DAY OR EVENING (D)	19	3	16
DAYTIME (B + D)	24	5	19
EVENINGS (A + D)	38	17	21

Number of Sessions Home and Away

	Care by <u>FRIENDS/NEIGH- BOURS/CIRCLE</u>	Care by <u>KIN</u>	Care by <u>OTHERS</u> *
DAY AWAY	36	29	40
DAY HOME	0	11	10
EVENING AWAY	2	5	0
EVENING HOME	11	10	4

* Excludes one child in hospital

TABLE A12

SHARING CARE OF OTHER PEOPLE'S CHILDREN

This is a summary of characteristics of those children from outside the nuclear family, who spent at least one session with the key child and his/her parent(s) in the absence of their own parents.

1. NUMBER OF SESSIONS PER FAMILY WITH A CHILD WHOSE PARENTS WERE NOT THERE

	<u>Working Class</u>	<u>Middle Class</u>	<u>Total</u>	<u>Sessions own child was cared for by others</u>
NOT AT ALL	17	7	24	(19)
1-2 Sessions	9	7	16	(20)
3+ Sessions	2	16	18	(19)
	<u>28</u>	<u>30</u>	<u>N= 58</u>	<u>(58)</u>

2. NUMBER OF CHILDREN WHO STAYED WITH THE KEY FAMILIES

<u>Number of Children</u>	<u>Working Class</u>	<u>Middle Class</u>	<u>TOTAL</u>
0	17 Families	7 Families	24 Families
1	6 "	3 "	9 "
2	4 "	4 "	8 "
3	- "	8 "	8 "
4	- "	1 "	1 "
5	1 "	1 "	2 "
6	- "	5 "	5 "
12	- "	1 "	1 "
<hr/>			
TOTAL NUMBER of CHILDREN	<u>19</u> Children	<u>86</u> Children	<u>105</u> Children

3. KINDS OF CHILDREN CONCERNED (As described by parents in the diary)

	<u>Working- Class</u>	<u>Middle- Class</u>	<u>TOTAL</u>
Next Door/Neighbour Children	9	20	29
Friend's Children	1	17	18
Key Child's Friends	3	15	18
Older Siblings Friends	6	33	39
Sibling of Child's Friend	0	1	1
	<u>19</u>	<u>86</u>	<u>105</u>

TABLE A12
SHARING CARE OF OTHER PEOPLE'S CHILDREN

4. NUMBER OF CHILDREN AGED 2-4 WHO STAYED WITH THE KEY FAMILIES

<u>Number of Poor Children</u>	<u>NUMBER OF FAMILIES</u>		
	<u>Working Class</u>	<u>Middle Class</u>	<u>Total</u>
None	24	15	39
One	4	6	10
Two	-	6	6
Three	-	2	2
Four	-	1	1

5. SEX AND AGE DISTRIBUTION OF THE CHILDREN CONCERNED

Age or Sex not noted	=	6		
Aged under Two	=	2		
			<u>BOYS</u>	<u>GIRLS</u>
Aged 2 - 4	=	32	(16)	(16)
Aged 5 - 10	=	50	(20)	(30)
Aged 11+	=	15	(0)	(15)

6. SEX OF OLDER SIBLINGS' FRIENDS WHO STAYED WITH THE FAMILY

Same Sex	= 32	Older Brothers' Male Friend	8
		Older Sisters' Female Friend	24
Opposite Sex	= 4	Older Brothers' Female Friend	2
		Older Sisters' Male Friend	2
Sex not noted	= 2		

7. SEX AND AGE OF THOSE DESCRIBED AS CHILD'S OWN FRIEND

(a) Number of children of same or opposite sex as Key child

Same Sex	= 15	Boy's Male Friend	8
		Girl's Female Friend	7
Opposite Sex	= 3	Boy's Female Friend	2
		Girl's Male Friend	1

(b) Number of children at each age

Aged 2	1
" 3	7
" 4	7
" 5	2
" 7	1

TABLE A13
OVERNIGHT STAYS

(a) PERSONS STAYED WITH OVERNIGHT IN FIRST THREE YEARS

<u>Type of Carer</u>	<u>Number of Children (N = 63)</u>	
	<u>At least one night</u>	<u>At least 5 nights</u>
Maternal Grandparents	21	12
Paternal Grandparents	12	7
Friends/Neighbours	13	0
Maternal Aunt/Uncle	8	4
Paternal Aunt/Uncle	6	1
Hospital	5	2
Paid Help/Au Pair	3	0

NOTE - some children stayed with more than one person.

(b) NUMBER OF NIGHTS SPENT HOME AND AWAY

<u>Number of Nights in 3 years</u>	<u>Number of children (N = 63)</u>	
	<u>At Home</u>	<u>At Carers Home</u>
NONE	15	29
1 - 7 nights	12	14
8 - 19 nights	0	9
25 - 98 nights	0	11

(c) NUMBER OF CHILDREN STAYED WITH EACH TYPE OF CARER EACH YEAR

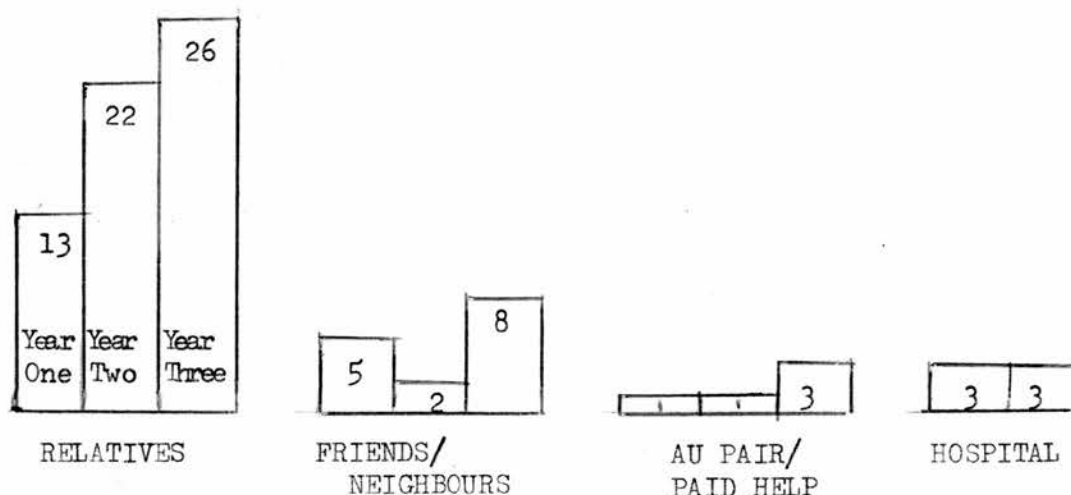


TABLE A14

NUMBER OF SESSIONS SPENT WITH DIFFERENT KINDS OF CARE

The following show the number of sessions in the diary fortnight spent by the children with father alone (internal sharing), with people other than parents (non-group external sharing) and in group care (group external sharing). One child's data is omitted as he spent considerable time in hospital, so N = 57.

	T = Total number of sessions For all the children	M = Mean number of sessions per child (M = $\frac{T}{57}$)
Sessions when both parents were absent	144	2.5
Sessions when father was there but not mother	111	1.9
Total Sessions Mother away excluding Group Care	<u>245</u>	<u>4.3</u>
Sessions in group care and miscellaneous groups	373	6.5
Total sessions child was away from Mother	<u>618</u>	<u>10.8</u>
Total sessions in the Diary fortnight (14 days x 3 sessions)	<u>2394</u>	<u>42</u>

TABLE A15

PLACES CHILDREN WENT TO AWAY FROM HOME

This is based on places mentioned in the diary fortnight by the 58 families who kept records. Asterisks refer to notes at the end.

<u>Place/Activity</u>	<u>NUMBER OF FAMILIES</u> *		
	<u>Total</u>	<u>Working Class</u>	<u>Middle Class</u>
	N = 58	N = 28	N = 30
<hr/>			
1. <u>Over 15 children</u>			
Shops	50	24	26
Group Care or Misc. Groups	49	22	23
Friend or Neighbour's Homes	43	14	29
Relative's Homes	36	23	13
Park	34	15	19
A walk	23	10	13
Doctors, Clinic, Dentist			
Hospital	20	7	13
Outing to country or seaside	19	5	14
<hr/>			
2. <u>5 - 15 Children</u>			
Church **	13	3	10
Swimming Baths	12	4	8
A drive in the car	10	5	5
Museum/Art Gallery	6	3	3
Library	5	0	5
<hr/>			
3. <u>Less than 5 children</u>			
		<u>TOTAL</u>	
Sibling Activity ***)			
Fair or Festival)		4	
Zoo or Safari Park)			
<hr/>			
Father's workplace		3	
<hr/>			

Con'td

TABLE A15 cont'd

	<u>TOTAL</u>
Mother's Workplace ****	2
Childminder's Home	2
Hairdressers	2
Mother & Toddler Group	2

School	1
Hospital (i.e. Child admitted?)	1
Family's new home	1
Holiday Home	1
Street Party	1
Watching Trains	1
Bonfire	1

* Note - this refers to the number of children whose diary gave the relevant place/activity at least once. Usually, there would be one or a few instances for each child.

** Children's attendance at Sunday school was included under misc. care, so rather more had attended a religious establishment than this figure suggests.

*** This excludes accompanying sibling to or from school, as this was probably unevenly recorded.

**** This would exclude situations where mother worked at home.

TABLE A16

REASONS FOR GROUP CARE

<u>Reasons mentioned</u>	<u>NUMBER OF FAMILIES</u> (N = 63)		
FOR CHILD TO MIX	55	C	
PLAY OPPORTUNITIES	31	C	
PREPARATION FOR SCHOOL	26	C	
INDEPENDENCE FOR CHILD	20	C	10 or more families
FOR CHILD TO LEARN	18	C	
CHILD WAS BORED	11	C	
<hr/>			
A BREAK FOR MOTHER	8	M	
SOCIAL NORM	7	O	6-8 families
FOLLOW OLDER SIBLING	7	O	
EXTERNAL AUTHORITY FOR CHILD	6	C	
PRESSURE ON PARENTS	6	P	
<hr/>			
TO HELP CHILD SHARE	5	C	
TO HELP WITH CHILD'S BEHAVIOUR	4	C	
TO WIDEN HORIZON'S FOR CHILD	4	C	5 or fewer
TO ASSIST MOTHER'S WORK/STUDY	3	M	
FOR CHILD TO HAVE FUN	4	C	
CHILD WISHES TO ACCOMPANY OR DO SAME AS SIBLING	3	C	

- Notes 1. For the 13 families whose child had not yet started group care, reasons relate to planned arrangements rather than previously made arrangements.
2. Most families mentioned several reasons, so there is much double recording.

Key C = Child-Based Reason P = Parents-Based Reason
M = Mother-Based Reason O = Other reason

TABLE A17

FORMATION OF THE CLASS INDEX USED IN THE STUDY1. Class Indicator Used

Each family was allocated to a score of 1 or 2 on each class indicator. If information was not available (only a few instances) the averages of other indicators was used. The final class index score was the sum of each family of the score on every indicator.

	MEANING OF THE SCORE	
<u>Indicator</u>	<u>Score 1</u>	<u>Score 2</u>
1. Father's Father's Occupation	Registrar General's Classification IIIM, IV or V	Registrar General's Classification I, II or IIIN
2. Mother's Father's Occupation	- ditto -	- ditto -
3. Father's Present Occupation	- ditto -	- ditto -
4. Mother's Occupation before pregnancy	- ditto -	- ditto -
5. Father's Schooling	Local Authority/ Religious	Private, fee-paying
6. Mother's Schooling	- ditto -	- ditto -
7. Father's Qualifications	Only School or minor Post-School Qualifications	Nursing, Diploma or Degree Qualifications
8. Mother's Qualifications	- ditto -	- ditto -
9. Father's Self Description	Working-Class or ordinary	Middle-Class or Professional
10. Mother's Self Description	- ditto -	- ditto -
11. Family Income (net of Tax, National Insurance)	Under £140 per week	£140 and over per week

TABLE A17

FORMATION OF THE CLASS INDEX USED IN THE STUDY2. Total Class Index Used

The class index for each family was the sum of its scores on each of the 11 indications above, thus giving a maximum possible score of 22 and a minimum of 11.

$$N = 63 \quad X = 1$$

		<u>TOTAL</u>	<u>AREA 1</u> (Milburn)	<u>AREA 2</u> (Whitlaw)
Intermediate	Middle Class	22	4	XXXX
		21	6	XXXXXXXX
		20	9	XXXXXXXXXX
		19	5	XXXX
		18	1	X
		17	5	XXXX
		16	3	XXX
	Working Class	15	2	X
		14	5	X
		13	7	XXXXXX
		12	10	XXXXXXXXXX
		11	6	XXXXXXXX

3. Summary Class Indexes

The above index was subdivided with three degrees of distinction.

(1) Two Fold This is the main class index used.

<u>Label</u>	<u>Total Class Index Score</u>	<u>Number of families</u>
Middle Class	(16 - 22)	33
Working Class	(11 - 15)	30

(2) Three Fold

Solid Middle Class	(18 - 22)	25
Intermediate	(14 - 17)	15
Solid Working Class	(11 - 15)	23

(3) Four Fold

Solid Middle Class	(18 - 22)	25
Intermediate Middle Class	(16 - 17)	8
Intermediate Working Class	(14 - 15)	7
Solid Working Class	(11 - 13)	23

TABLE A18

CLASS AND OVERNIGHT STAYSOvernight Stay with Relatives

1. <u>Approximate Number of Nights spent with relatives before 3rd birthday</u>	<u>Middle Class</u>	<u>Working Class</u>
NONE	20	12
1 - 5	8	3
6 - 98	5	15

CHI-SQUARE < 0.05

2. Overnight Stay with Friends/Neighbours

NONE	26	24
1 - 4	7	6

3. Overnight Stay with Au Pair or Paid Help

NONE	30	30
1 - 5	3	0

4. Total Number of Nights of Sharing Care

Approximate Total Number of Nights
apart from Parents
(Excluding Hospital Stays)

	<u>Middle Class (N=33)</u>	<u>Working Class N=30)</u>
NONE	17	11
1 - 9	13	5
10 - 98	3	14

CHI-SQUARE < 0.005

TABLE A19
ADULT NETWORK CHANGES RELATED
TO CHILDREN

1. FAMILIES WHO HAD LESS CONTACT WITH SOME FRIENDS AS A RESULT OF
HAVING CHILDREN (N = 62)

	<u>Number of Families</u>	<u>% Families</u>
Children made no difference	21	34%
Some decrease in contact	27	43%
Big decrease in contact	14	23%

2. KIND OF FRIEND THERE WAS LESS CONTACT WITH

	<u>Number of Families</u>
None	21
Most old Friends	8
Friends at a distance	10
Mother's Former Colleagues	9
Single Friends	8
Other	6
	<hr/>
	62
	<hr/>

3. FAMILIES WHO HAD MADE FRIENDS THROUGH THEIR CHILDREN

	<u>Number of Families</u>	
None	13	21%
Reinforced earlier friendships	9	14%
Made one	15	} 65%
Made Two or more	22	
Becoming acquainted at group care	23	
	<hr/>	
	62	
	<hr/>	

Cont'd.....

TABLE A19 cont'd

4. MEANS OF BEFRIENDING PEOPLE THROUGH CHILDREN

Number of Families (N = 62)

Meeting another local parent at park, shops or street	22
Meeting at group care	19
Meeting at hospital/clinic	13
Other	2

Note : Some families had made friends in more than one way.

TABLE A20

CONTACTS WITH OTHER CHILDREN

1. Contacts with non-kin children in the diary fortnight

	<u>Middle</u> <u>Class</u> (N = 30)	<u>Working</u> <u>Class</u> (N = 28)	<u>TOTAL</u> (N = 58)	<u>%</u>
NONE	0	4	4	7%
1 - 8	16	20	36	62%
9 - 22	14	4	18	18%

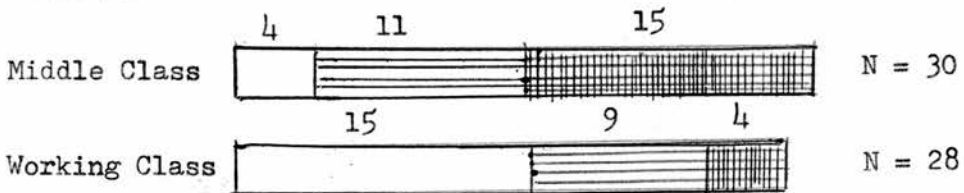
CHI-SQ. = 9.943 Sig. = 0.007

2. Contacts with Kin children in the diary fortnight




	<u>Middle</u> <u>Class</u>	<u>Working</u> <u>Class</u>	<u>TOTAL</u>	<u>%</u>
NONE	27	14	41	71%
1 - 8	3	14	17	29%
9 - 22	0	0	0	0%

CHI-SQ. = 9.337 Sig. = 0.002

3. Number of Sessions spent with Non-Kin children in the diary fortnight



KEY

	None - Two daytime sessions	CHI-Sq. = 12.883
	Three - Seven " "	Sig. = 0.002
	Eight or more " "	

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 INNOVATION

C.H.E.S. CHILD HEALTH AND EDUCATION STUDY

C.P.R.S. CENTRAL POLICY REVIEW STAFF

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